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ABSTRACT

The mission of the Office of Workers' Compensation Programs (OWCP) rehabilitation program is to assist injured workers, covered by Federal Employees' Compensation Act and the Longshore and Harbor Workers' Compensation Act, to return to gainful employment through vocational rehabilitation services. Information that certified counselors who work with OWCP workers need in order to adhere to federal guidelines is provided here. The text focuses on the roles and responsibilities of all participants in the OWCP rehabilitation process, including the roles and responsibilities of the participants. It details the program's characteristics, the steps to be taken in serving OWCP clients, and the time frames for each step. Some of the particulars that are addressed in the vocational rehabilitation process include case referrals, placement with the previous employer, plan development and training plans, placement with a new employer, assisted reemployment, self-employment, medical rehabilitation, and interruption of services and case closure. Samples of the numerous vocational rehabilitation forms are provided, as are examples of rehabilitation reports and rehabilitation bills and billing. Specifics on contractual requirements are also provided, such as principles of ethical conduct, termination procedures, counselor evaluation criteria, and rehabilitation program requirements. (RJM)

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ED 412 469

VOCATIONAL REHABILITATION COUNSELOR RESOURCE BOOK

U.S. Department of Labor

Employment Standards Administration

Office of Workers' Comprepensation Programs

December 1996

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FOREWORD

VOCATIONAL REHABILITATION COUNSELING WITH A DIFFERENCE

This book is provided to you as a counselor certified to work with OWCP injured workers. It is intended to help you clearly understand and adhere to your contractual requirements with OWCP.

This book focuses on:

- Roles and responsibilities of all participants in the OWCP rehabilitation process,
- Steps to be taken in serving OWCP clients, and time frames for each step,
- Required OWCP forms and reports,
- OWCP billing procedures and authorizations, and
- OWCP contract requirements.

OWCP rehabilitation staff hopes this will help lead to successful and rewarding experience in serving federal injured workers.

Vocational rehabilitation counseling is a profession with its own objectives and standards. And it is a profession on which OWCP draws in attempting to make it as likely as possible that an injured federal worker capable of performing some work returns to gainful employment.

But there are some distinctions between OWCP contract work and work that you might do as an independent professional in your own private practice.

- First, under the Federal Employees' Compensation Act (FECA), an injured federal worker referred to you by OWCP has statutory obligations to cooperate with placement efforts and during any needed training. Your counseling interventions should take the responsibilities of the injured worker into clear account.

For example, it is not an over-riding objective in counseling an OWCP injured worker to prepare that worker to achieve what he or she might see as their full career potential. Instead, the objective of your counseling is to return the injured worker to a job as close in earnings as possible to the date-of-injury job as the worker's functional abilities and the local job market permit. It is part of your contractual responsibility to OWCP to ensure that the worker's aspirations do not unreasonably take over and begin to direct your counseling efforts.

- Second, OWCP expects expeditious handling of cases referred to you at every stage of the rehabilitation process. View time frames indicated by OWCP for a given counseling stage as maximums, not minimums. Requests for extensions should be the exception not the rule and should be made only when fully justifiable.

  Moreover, there will often be cases that should be moved to the next stage of the rehabilitation process despite the fact that a fair number of days remain of the maximum period permitted in the current stage. The general rule is that once you have done all the useful work you can in a given stage of rehabilitation, recommend moving the case to the next stage, regardless of how much time remains of the maximum allowed for that stage.

  The second dimension of expeditious handling of OWCP cases is taking "simultaneous" or "side-by-side" actions on a case rather than waiting until one action is complete before beginning the next one. For example, suppose you are trying to place an injured worker with the previous employer. You could simultaneously scan the community for other possible placement possibilities.

- Third, some goals and standards of your profession may seem in some tension with particular OWCP requirements. For example, OWCP planning goals must be consistent with the Dictionary of Occupational Titles (DOT). You may think such reliance is restrictive and likely to limit your efforts to be imaginative in developing vocational plans for some clients. So the third distinction to notice is that when you contract with OWCP to provide counseling services, you agree not only to apply the standards of the counseling profession but also those indicated by OWCP.

INTRODUCTION

Overview

The mission of the Office of Workers' Compensation Programs (OWCP) rehabilitation program is to assist injured workers (IWs) covered by the Federal Employees' Compensation Act and the Longshore and Harbor Workers' Compensation Act to return to gainful employment through vocational rehabilitation services. To qualify, the injured worker must have sustained a permanent disability due to a job-related injury or illness; be receiving or eligible for compensation benefits; and, due to the work-related condition, be prevented from performing the usual and customary job duties.

Federal Employees' Compensation Act (FECA) Cases

FECA covers all work-related personal injuries and occupational diseases affecting civilian employees of the Federal Government. About three million persons working for Federal agencies are covered by this Act, and more than 50,000 receive long term disability payments. **Vocational rehabilitation participation under this Act is mandatory.** Sanctions can be applied should an injured worker refuse or obstruct services. Both vocational rehabilitation and medical rehabilitation (when authorized by the claims examiner) may be funded. The Act allows for a loss of wage earning capacity (LWEC) benefit which ensures that an injured worker will not be penalized for accepting a lower paying position due to his or her disability. Schedule awards can be paid for certain injuries, and these payments may be followed by an LWEC determination.

FECA workers remain in receipt of total disability benefits while the rehabilitation program proceeds unless disability is determined by the claims examiner to have resolved.

New injury cases and cases where disability has recurred from an injury are referred to a nurse, who attempts to resolve medical issues and arrange for a safe return to work with the previous employer. If the nurse's efforts do not result in return to work, the case may be referred for vocational rehabilitation services.

Longshore and Harbor Workers' Compensation Act (LHWCA) Cases

The LHWCA covers employees working on navigable waters within the U.S., or on adjoining areas where they load, unload, repair or build vessels. About 525,000 employees are covered. **Vocational rehabilitation participation under this Act is voluntary.** In most Longshore cases, OWCP does **not** pay directly for medical rehabilitation services, but such services may be funded by the employer or insurance carrier. There is no loss of wage earning capacity (LWEC) benefit for injuries covered by a schedule award.

Longshore rehabilitation cases may be active only so long as the worker is in pay status. If the case is settled the program can no longer be sponsored or paid for by the Longshore Trust Fund.

Program Characteristics

Most OWCP compensation cases involve musculoskeletal problems such as back injuries and injuries of the upper and lower extremities. Other less common conditions are skin disorders, heart disease, lung problems, and psychiatric illnesses. A small percentage involve catastrophic injuries such as spinal cord injuries. Both blue collar and white collar occupations are represented. A large number of FECA claimants work for the United States Postal Service and Defense agencies.

In Fiscal Year 1995, 5,000 FECA cases and 2,500 Longshore cases were referred for evaluation. From these, about 3,000 FECA and 1,000 Longshore cases were selected as being able to benefit from rehabilitation services. Most of these were referred to state or private vocational counselors after an initial interview by a RS or Rehabilitation Counselor-Screener (RC-S). In fiscal year 1995 OWCP successfully rehabilitated over 350 Longshore and more than 3760 FECA injured workers. Most of these were enabled to return to work with their original employers after training, job modification, placement, or other services.

Roles and Responsibilities of Participants in the OWCP Rehabilitation Process

The OWCP Rehabilitation Specialist (RS) manages the vocational rehabilitation program in a given geographical area by:

a. Selecting RCs and assigning cases to them with instructions to provide service;

b. Directing RCs according to OWCP policies and procedures to ensure quality, quantity, and timeliness of services;

c. Ensuring that plans for reemployment and rehabilitation are promptly developed;

d. Approving rehabilitation plans and authorizing appropriate counseling, training, diagnostic services, equipment, and other materials needed to accomplish the rehabilitation goals;

e. Developing working relationships with employers in order to be a positive influence in their reemploying of their IWs;

f. Evaluating each RC's performance to ensure that IWs receive good quality rehabilitation services;

g. Acting promptly to issue warnings to RCs when contractual violations occur;

h. Serving as the district's expert regarding vocational rehabilitation policy and services; advising RCs on dealings with employers; consulting with regional and national offices on policy/legal issues for which there is no specific guidance; and referring questions regarding claims issues to the CE.

The FECA Claims Examiner (CE) manages the compensation claim file by:

a. Determining benefit eligibility; accepting medical conditions and work capacities;

b. Authorizing medical services; determining whether to approve medical plans and any changes in attending physician, treatment plan, or hospitalization;

c. Computing and approving all compensation payments and benefit rate adjustments;

d. Obtaining accurate evaluations of injured workers' work tolerance limitations;

e. Identifying cases in need of rehabilitation services and referring them to the RS as quickly as possible;

f. Reviewing rehabilitation plans to ensure that they meet FECA requirements and that case management activities proceed according to FECA guidelines;

g. Referring questions regarding vocational rehabilitation to the RS; and

h. Acting promptly to issue warnings or impose sanctions when injured workers fail to cooperate with rehabilitation.

The LHWCA Claims Examiner manages the compensation claim file by:

a. Monitoring the case to ensure that the disabled worker receives medical benefits and payments from the self-insured employer or insurance carrier;

b. Making recommendations for additional treatment, medical benefits, and payments;

c. Serving as a mediator and making recommendations to parties involved regarding disputes between the disabled worker and the insurance carrier;

d. Making recommendations to the Regional Director regarding settlement applications;

e. Referring injured workers to the RS in cases of prolonged disability;

f. Acting promptly to obtain work tolerance limitations for injured workers; and

g. Referring questions regarding vocational rehabilitation to the RS.

The previous employer participates by:

a. Submitting complete and timely documentation;

b. Placing injured workers who are able to resume their customary duties within one year from the first work day lost due to an on-the-job injury (FECA only);

c. According priority placement to injured workers who are able to resume their customary duties more than one year after the first work day lost due to an on-the-job injury (FECA only);

d. According priority to injured workers who are able to resume their customary duties at any point after the injury or condition of disability (LHWCA only); and

e. Voluntarily offering light or modified duty to injured workers who cannot resume their customary duties.

Injured Workers participate by:

a. Cooperating with the rehabilitation process. (Under the FECA, injured workers have a statutory obligation to cooperate with the process. Sanctions can be taken against those who fail to cooperate or who obstruct the process.)

b. Taking as much responsibility for their rehabilitation as they can.

OWCP Certified Rehabilitation Counselors participate by:

a. Adhering to the standards in the Rehabilitation Counselor Agreement with OWCP;

b. Returning injured workers to suitable employment in a timely manner by:

   (1) Not accepting cases unless they can meet OWCP time and service quality standards;

   (2) Assessing the injured worker's current placement potential and placement potential through training provided under OWCP guidelines;

(3) Developing and recommending realistic plans in a timely manner consistent with OWCP guidelines, policies, and procedures;

(4) Implementing the plan approved by the RS;

(5) Personally providing counseling and guidance; and

(6) Completing services within prescribed time and cost limits and allowable professional hours.

c. Submitting reports and bills according to OWCP regulations and on the schedule specified by the RS;

d. Following directions from the RS; and

e. Maintaining confidentiality of information.

Keep in Contact Maintain regular contact with the OWCP Rehabilitation Specialist so that the RS is aware of all factors that could affect successful rehabilitation. For example, report on the case regularly. (Unit IV of this book describes required reports.) In addition, contact the RS immediately if:

a. A case is referred without medical records and without instructions for getting medical information.

b. The injured worker fails to appear at a scheduled meeting, fails to carry out agreed-upon actions, or otherwise obstructs or fails to cooperate with rehabilitation efforts.

c. The agency is causing unnecessary delays in an otherwise viable reemployment effort.

d. The medical situation appears to have changed significantly or the injured worker alleges that it has.

e. A job offer is made, refused, or accepted.

f. You do not know whether a given piece of medical evidence has been considered by the CE.

g. You believe a time extension for any stage of the process is warranted.

h. You believe Assisted Reemployment is appropriate for the injured worker.

i. Circumstances arise that may cause the injured worker to fail during training, job placement, or employment follow-up.

j. The status of the case should change.

k. Legal issues arise regarding a particular case, such as subpoenas, requests for testimony or for the release of information, or requests for attorney participation in vocational rehabilitation; requesting guidance from the OWCP RS on these matters; and following through on the instructions.

1. You are in doubt about how to proceed with the case. Normally, the RC communicates with the RS by telephone. When the communication is about problems that require action by FECA, including a changed medical situation, non-cooperation, a job offer or refusal of a job offer, you must also send the CE and the RS a Form OWCP-44. (See Unit III.)

UNIT II

VOCATIONAL REHABILITATION PROCESS

COMPARISON OF VOCATIONAL REHABILITATION SERVICES UNDER FECA AND LHWCA

Vocational Rehabilitation Services for both Longshore and FECA injured workers must be provided according to OWCP standards of quality and timeliness, which are outlined in the training resource guide. Nevertheless there are differences between the two programs which will affect the nature and outcome of rehabilitation planning, which are briefly sketched below.

Employment Relationships in OWCP Programs

Longshore

Injured workers covered under the Longshore and Harbor Workers' Compensation Act may be employed by a shipbuilding and ship repair company, work as stevedores, work for a nonappropriated fund agency, or be covered by the Outer Continental Shelf Act or Defense Base Act.

Stevedores are hired on a day by day basis to do available work, loading and unloading vessels. They generally do not have a continuing relationship to an employer who will rehire them when they recover. For these workers, training or outside placement is the first option to consider.

Shipyard workers work for a shipbuilding or repair firm. The employer should be contacted to determine whether the worker can be rehired as many do have "light duty" return to work programs.

Defense Base Act and Non-appropriated Fund workers have ongoing employment relationships with employers who should be contacted for potential rehire.

Outer Continental Shelf employers usually do not have permanent "light duty" positions, and outside placement or training is usually needed to rehabilitate them.

Federal (FECA)

Federal workers may be career, career conditional, temporary or term. There is a statutory obligation on the part of the employer to restore a worker who is fully recovered within one year to an equivalent position, and employers must also give priority consideration for restoration to a worker who is partially recovered, or who fully recovers after one year. The previous employer must be contacted immediately in a FECA case unless the RS instructs otherwise.

Benefits

Both Acts provide wage loss compensation, schedule awards, medical benefits, and vocational rehabilitation.

Longshore

Longshore workers' compensation and medical benefits are paid by the employer's insurance carrier or by the employer if self-insured. The major exception to this is second injury cases, in which compensation for wage loss may be paid from the Longshore Special Fund after the first 104 weeks.

Vocational rehabilitation benefits may be provided directly by the Office of Workers' Compensation Programs and paid for from the Special Fund, which is funded through an annual assessment of the Longshore industry. The OWCP Rehabilitation Specialist authorizes these services. Vocational rehabilitation services may also be provided directly by the employer or the insurance carrier.

The maintenance allowance level is $25 per week for additional expenses incurred while undergoing a rehabilitation program, under the Longshore and Harbor Workers' Act.

The Longshore claims examiner monitors each case to see that benefits are paid according to law, and serves as a mediator between the parties in the case of a dispute. Issues may arise regarding the compensability of a claim, the injured workers' average weekly wages (on which compensation is based), the rate of compensation, choice of physician, wage-earning capacity, etc.

Schedule awards may be paid for injuries to extremities which cause permanent impairment. Once maximum medical improvement (MMI) is reached the injured worker is entitled to a specific period of additional compensation payments (at the same rate) based on the percentage of loss assigned by his physician.

Loss of wage-earning capacity benefits are paid based on 66 2/3% of the difference between the injured workers' average weekly wage at the time of injury and their earnings or what they are able to earn.

FECA

All FECA benefits are paid from the Employees' Compensation Fund, and then charged back to the Federal agencies through the budget process in a subsequent year. OWCP staff approve all benefits, acting as impartial adjudicators and payers. Vocational rehabilitation services are approved by the RS, while wage loss compensation and schedule awards must be authorized by the claims examiner. Claims examiners authorize all medical treatment, including physician, therapists, and medical rehabilitation facilities. FECA CEs may also direct the injured worker to undergo a second opinion medical examination in order to determine such issues as work limitations, continuing work-related disability, and so on.

The FECA maintenance allowance is up to $200 per month ($46.15 per week) for workers who incur additional expenses while undergoing a vocational rehabilitation program.

Incentives for Employer and Employee; Mandatory vs. Voluntary

Longshore

Longshore injured workers are entitled to rehabilitation as long as they are either in receipt of or eligible for compensation. Section 8(i) of the LHWCA permits the employer and employee to settle the employer's liability with a lump sum payment. Once the liability is discharged, the injured worker is no longer entitled to rehabilitation services paid from the Special Fund. Thus timing of rehabilitation services is important.

Since a settlement is often desired by all the parties to the claim, it is imperative that the counselor work quickly to assess the injured worker and develop a realistic plan.

The parties may sometimes agree to a "structured settlement" whereby compensation payments are continued for a period of time, permitting the injured worker to complete the rehabilitation program.

Longshore injured workers are not required by law to cooperate with vocational rehabilitation, although in some cases judges have required the worker to undergo vocational evaluation by the employer or carrier. Rehabilitation services are generally provided when the employee requests them.

FECA

Under FECA, employer liability generally cannot be settled by a lump sum. OWCP continues to pay benefits until the worker recovers, is found not to be entitled, or is judged to have a wage-earning capacity. Thus Federal employers have a stronger incentive to reemploy the worker or to support vocational rehabilitation. Moreover, as mentioned above, the employee has a right to return to the job held when injured if recovered within one year, and to priority consideration if partially recovered.

If the worker is permanently partially disabled, his or her wage-earning potential is critical to reemployment and to the level at which compensation is paid over the long term. Training programs which increase wage-earning potential are encouraged if the original employer will not reemploy the worker.

FECA workers are required to seek and accept suitable work if offered, and to undergo vocational rehabilitation if directed. A worker who refuses to work without suitable justification is not entitled to compensation, and one who refuses to undergo rehabilitation may have benefits reduced or suspended.

FECA and Longshore

Both programs authorize funding for vocational rehabilitation services whose primary goal is the reemployment or retraining of the injured worker for suitable work. To consititute a benefit payable from the Longshore Special Fund or the Employees' Compensation Fund, a labor market survey must form part of an overall vocational program, not merely be undertaken to determine an earning capacity. A labor market survey which is conducted under the LHWCA solely to determine a worker's earning capacity must be paid for by the employer or insurance carrier.

Representation; Mediation

Most Longshore workers are represented by counsel. The cooperation of the parties is needed to proceed with rehabilitation program. A FECA injured worker may have a representative, but since the FECA system is nonadversarial, many FECA injured workers do not have attorney or lay representation.

CASE REFERRAL

The RS refers an injured worker to a rehabilitation counselor for services by forwarding the Routine Referral and Award Letter, or OWCP-35. (The new version of the form permits the RS to tailor it. Two tailored examples follow this page.)

The OWCP-35 is valid for the period and amount specified for vocational counseling, testing and placement services. You may subcontract with another vendor for testing or placement services under the OWCP-35 authorization. In such a case, the vendor would bill you, and you would then bill OWCP under the OWCP-35 authorization.

Services provided by other professionals, medical rehabilitation services, and testing services provided by another examiner and directly billed to OWCP are not covered by the OWCP-35. These services, which fall outside the limitations of the OWCP-35, must be authorized on the Letter of Award to the Rehabilitation Facility, OWCP-24. Each vendor receives an individual OWCP-24.

The OWCP-35 serves as an authorization for you to perform services and notifies both the injured worker and the previous employer of the referral and of their responsibilities.

On Form OWCP-3 and Form OWCP-9, which accompany the referral, the RS specifies the initial status of the case and gives any special instructions. (Copies of these two forms follow the OWCP-35 copy in this book.)

The forms and form letters mentioned above follow.

U.S. Department of Labor

Employment Standards Administration
Office of Workers' Compensation Programs
Division of Federal Employees' Compensation
Washington, D.C. 20210

File Number:

November 25, 1996

File Number:
Employee:
Employer:

ooooooooooooooooooooooo
ooooooooooooooooooooooo
ooooooooooooooooooooooo

Dear Sir or Madam:

The Office of Worker's Compensation Programs (OWCP) is referring this employee to you for development of a vocational rehabilitation program. OWCP is responsible for providing guidance and making decisions on issues and benefits to ensure the employee's prompt return to employment. The employee's cooperation and participation in vocational rehabilitation is compulsory under Section 8113(b) of the Federal Employees' Compensation Act, which provides benefits for wage loss if the injured worker must return to a lower-paying job.

You are responsible for following the policies and procedures in OWCP's Vocational Rehabilitation Counselor Training Resource Book (Red Book), the standards in your agreement with OWCP (OWCP36), and the directions of the OWCP Rehabilitation Specialist (RS). The OWCP RS reserves the right to change or terminate your services when it is in the best interest of the government.

This letter serves as a referral and authorization to provide counseling, guidance, testing and placement services not to exceed $5,000 or two years from the date of this letter. **Services over and above this initial authorization must be authorized in advance and in writing by me.**

COUNSELOR'S RESPONSIBILITY AND INSTRUCTIONS:

You are responsible for providing an initial interview and vocational assessment of the injured worker's skills and abilities. You must contact the injured worker within ten days, and the worker's previous employer within two weeks of receiving this referral to begin selective placement of the worker in a suitable position, unless instructed otherwise in Form OWCP03 accompanying this letter. If the previous employer does not respond positively within 30 days of the contact, you should make arrangements for necessary testing or vocational evaluation services to determine the worker's potential to benefit from retraining or job placement services leading to productive employment in the open labor market. Your initial report to me is due in 45 days from the date of this letter unless instructed otherwise.

Regular progress reports are required on your efforts to reemploy or develop a plan for this worker. If the employee is not back at work you will forward a recommendation for alternative vocational services, which you and the worker have discussed, no later than 00 days from the date of this letter. I will evaluate the plan and provide you with written approval or denial of recommended services.

BEST COPY AVAILABLE

File Number:
Employee:
Employer:

You are expected to develop a realistic, cost-effective and timely course of services, considering the interests and abilities of the injured worker, which is likely to result in employment. Training should be recommended if it is needed for placement with the previous employer, or if transferable skills or local labor market conditions indicate that the injured worker will earn significantly less than the pre-injury job, and a training program will materially improve earnings. Pre-vocational services such as work adjustment or academic remediation services may be recommended if these are required to prepare the worker for training or placement services. Once your plan is submitted and approved by me in writing you may proceed to provide the approved services.

You are required to call me to discuss any problems which affect your ability to develop a plan for this injured worker. If you determine that the injured worker has no potential to benefit from vocational services or you believe that vocational planning should be postponed, you should contact me immediately to review your findings.

See the attached OWCP03 for specific instructions on this case.

BILLING FOR SERVICES

OWCP will pay you within 30 days of receiving a proper bill. You must do the following to assure your bill is proper:

* Complete all items on the OWCP bill format
* Submit the original monthly bill attached to the front of the original report for that period to:

U. S. DEPT OF LABOR

* Submit a copy of the monthly bill attached to the front of a copy of the report for that period to my attention at:

U. S. DEPT OF LABOR

Be sure the word COPY is written on the front page of both this copy of the bill and the attached report to avoid delays in the processing of your bill.

A summary of case information, Physical Capacities Evaluation (if applicable) and the significant medical report(s) are enclosed for your official and confidential use. This information is covered by the Privacy Act and must be handled in accordance with its provisions.

BEST COPY AVAILABLE

File Number:
Employee:
Employer:

INJURED WORKER'S RESPONSIBILITY:

You have been approved for temporary benefits under the FECA and have not returned to full duty with your employer. You are now being referred for vocational rehabilitation services to assist you in a successful return to work. You are required by OWCP's regulations to cooperate with the Rehabilitation Specialist and to undertake rehabilitation activities directed toward suitable employment, or benefits may be terminated or reduced. You are also required to seek suitable work, and to accept suitable work if it is offered to you. We will work with the employer and your physician to ensure a safe return to work within the medical limitations determined by the claims examiner.

You are being referred to an OWCP Certified Rehabilitation Counselor to assist you in returning to work. You are expected to be an active participant in exploring the availability of modified work or reassignment with your employing agency. If modified or alternative employment is not available, you are expected to become actively involved in developing a return-to-work plan with your assigned counselor. You should be realistic and flexible regarding adjustments that you may have to make to return to work. Work hours or shifts, pay scale and promotional prospects may not be the same in your new employment.

PREVIOUS EMPLOYER'S RESPONSIBILITY:

Rehabilitation of this employee reduces the cost of compensation and is generally the preference of the injured worker. As an employer you can benefit from the productivity of this employee, who is receiving $00000.00 in compensation payments each 28 days. If employment cannot be achieved, the employer's compensation cost could be many times this amount over the lifetime of the employee.

You will be contacted by an OWCP-certified Rehabilitation Counselor, who is instructed to pursue employment which is suitable to the employee's medical condition, skills and abilities. Any job offer must be in writing and include specific job duties and physical requirements. If you have not made a positive response within 30 days, the counselor is instructed to provide testing and develop an alternative vocational program designed to lead to employment. This program may include recommendations for training, placement in the non-public sector or FECA Assisted Reemployment, which is a wage subsidy paid to a new employer.

If you need further information or have questions about the vocational rehabilitation process, please contact me at (000) 000-0000.

Sincerely,

Enclosure(s):

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The Longshore version of Form OWCP-35 follows.

In addition to referring to the provision of the Longshore Act, this example differs from the first letter in that it demonstrates the option to provide specific instructions. In the first page, third paragraph, the length and amount of the authorization are noted. In the second page, third paragraph, specific guidance may be included.

U.S. Department of Labor

Employment Standards Administration
Office of Workers' Compensation Programs
Division of Longshore and
Harbor Workers' Compensation
Washington, D.C. 20210

File Number:

Dear COUNSELOR NAME:

The Office of Workers' Compensation Programs (OWCP) is referring this employee to you for development of a vocational rehabilitation program. OWCP is responsible for providing guidance and making decisions on issues and benefits to ensure the employee's prompt return to employment.

You are responsible for following the policies and procedures in OWCP's Vocational Rehabilitation Counselor Training Resource Book (Red Book), the standards in your agreement with OWCP (OWCP-36), and the directions of the OWCP Rehabilitation Specialist (RS). The OWCP RS reserves the right to change or terminate your services when it is in the best interest of the government.

This letter serves as a referral and authorization to provide counseling, guidance, testing and placement services not to exceed
OPTION A $5,000 or two years from the date of this letter.
OPTION B or six months from the date of this letter.
Services over and above this initial authorization must be authorized in advance and in writing by me.

COUNSELOR'S RESPONSIBILITY AND INSTRUCTIONS

You are responsible for providing an initial interview and vocational assessment of the injured workers' skills and abilities. You must contact the injured worker within ten days of receiving this referral to begin selective placement of the worker in a suitable position, unless instructed otherwise in Form OWCP-3 accompanying this letter. You should make arrangements for necessary testing or vocational evaluation services to determine the worker's potential to benefit from retraining or job placement services leading to productive employment in the open labor market. Your initial report to me is due in 45 days from the date of this letter unless instructed otherwise.

Regular progress reports are required on your efforts to reemploy or develop a plan for this worker. If the employee is not back at work you will forward a recommendation for alternative vocational services, which you and the worker have discussed, no later than (DEFAULT 150/FREEFLOW OPTION 3 SPACES) days from the date of this letter. I will evaluate the plan and provide you with written approval or denial of recommended services.

(OWCP35)

You are expected to develop a realistic, cost-effective and timely course of services, considering the interests and abilities of the injured worker, which is likely to result in employment. Training should be recommended if it is needed for placement with the previous employer, or if transferable skills or local labor market conditions indicate that the injured worker will earn significantly less than the pre-injury job, and a training program will materially improve earnings. Pre-vocational services such as work adjustment or academic remediation services may be recommended if these are required to prepare the worker for training or placement services. Once your plan is submitted and approved by me in writing you may proceed to provide the approved services.

You are required to call me to discuss any problems which affect your ability to develop a plan for this injured worker. If you determine that the injured worker has no potential to benefit from vocational services or you believe that vocational planning should be postponed, you should contact me immediately to review your findings.

OPTION A See the attached OWCP-3 for specific instructions on this case.
OPTION B FREE FLOW FOUR LINES (ALLOW EIGHT LINES IF THIS WILL NOT CAUSE LETTER TO RUN TO AN EXTRA PAGE)

BILLING FOR SERVICES

OWCP will pay you within 30 days of receiving a proper bill. You must do the following to assure your bill is proper:

* Complete all items on the OWCP bill format
* Submit the original monthly bill attached to the front of the original report for that period to:

  US DEPARTMENT OF LABOR...

* Submit a copy of the monthly bill attached tho the front of a copy of the report for that period to my attention at:

  US DEPARTMENT OF LABOR...

Be sure the word COPY is written on the front page of both this copy of the bill and the attached report to avoid delays in the processing of your bill.

A summary of case information, Physical Capacities Evaluation (if applicable) and the significant medical report(s) for your official and confidential use. This information is covered by the Privacy Act and must be handled in accordance with its provisions.

(OWCP35)

INJURED WORKER'S RESPONSIBILITIES:

You have been approved for temporary benefits under the Longshore and Harbor Workers' Compensation Act and have not returned to full duty with your employer. You are now being referred for vocational rehabilitation services to assist you in a successful return to work. You are expected to cooperate with the Rehabilitation Specialist and to undertake rehabilitation activities directed toward suitable employment. We will work with the employer and your physician to ensure a safe return to work within the medical limitations determined by the claims examiner.

You are being referred to an OWCP Certified Rehabilitation Counselor to assist you in returning to work. You are expected to be an active participant in exploring the availability of modified work or reassignment with your employing agency. If modified or alternative employment is not available, you are expected to become actively involved in developing a return-to-work plan with your assigned counselor. You should be realistic and flexible regarding adjustments that you may have to make to return to work. Work hours or shifts,pay scale and promotional prospects may not be the same in your new employment.

PREVIOUS EMPLOYER'S RESPONSIBILITY:

Rehabilitation of this employee reduces the cost of compensation and is generally the preference of the injured worker. As an employer you can benefit from the productivity of this employee who is receiving $ in compensation payments each 28 days. If employment cannot be achieved, the employer's compensation cost could be many times this amount over the lifetime of the employee.

You may be contacted by an OWCP-certified Rehabilitation Counselor, who is instructed to pursue employment which is suitable to the employee's medical condition and skills and abilities. Any job offer must be in writing and include specific job duties and physical requirements. If you have not made a positive response within 30 days, the counselor is instructed to provide testing and develop an alternative vocational program designed to lead to employment. This program may include recommendations for training or placement in the non-public sector.

If you need further information or have questions about the vocational rehabilitation process, please contact me at PHONE/FREE FLOW.

REHABILITATION SPECIALIST

Injured Worker's Rehabilitation Status Report

U.S. Department of Labor
Employment Standards Administration
Office of Workers' Compensation Programs

1. Injured Worker's Name (First, Middle, Last)	2. Date of Injury	3. Carrier's No. (LHWCA)	4. OWCP No.

5. Check the injured worker's status and status dates. Check special information when required by the status, for closures and as appropriate Justify each status change or extension in the comments section.

	STATUS From _____ To _____	SPECIAL INFORMATION
REFERRAL	☐ Early (Check a) ☐ Other (Check a) ☐ Initial Interview Held By OWCP Rehabilitation Specialist (Check d)	☐ a. Date compensation file screened _____ ☐ b. Date OWCP-6 or 13 sent _____ ☐ c. Date OWCP-10 or 11 sent _____ ☐ d. Date of initial interview by RS _____ ☐ e. Other (See Comments)
ACTIVE	☐ Plan Development (Check a or b and c) ☐ Medical Rehabilitation ☐ Training (Check d, e, or f) ☐ Self-Employment ☐ Placement-New Employer ☐ Placement-Previous Employer ☐ Employed (Check g) ☐ Service Interrupted ☐ Post-Employment Service	☐ a. Testing required (☐ Yes ☐ No) ☐ b. Testing waived (See Comments) ☐ c. Work evaluation required (☐ Yes ☐ No) ☐ d. Pre-vocational training ☐ e. Vocational training ☐ f. On-the-job training ☐ g. Date employed _____ (See Comments) ☐ h. Reopened (See Comments) ☐ i. Other (See Comments)
CLOSED	☐ Closure Date ☐ Referral (Indicate Reason Code) ☐ Closed Rehabilitated - New Employer ☐ Returned to Work - Referral Screening ☐ Closed Rehabilitated - Previous Employer ☐ Closed Other (Indicate Reason Code) ☐ Closed with Post Employment Services ☐ Returned to Work - Without OWCP Assistance ☐ Returned to Work - With Claims Examiner Assistance ☐ Returned to Work - Assisted Reemployment Program ☐ Returned to Work - Nurse Intervention Program	☐ a. Compensation Terminated ☐ b. Refused Services ☐ c. Not Able to Work ☐ d. Retired ☐ e. Settled Case ☐ f. Transferred to Another District Office ☐ g. Other ☐ h. Not Able to Work - Nurse Intervention ☐ i. Not Able to Work - Assisted Reemployment Program ☐ j. Suitable Job Selected - Not Placed

6. Vocational Rehabilitation Counselor (Complete item 6a when referring to a new VRC)

a. Name	b. Professional hours approved for the status (See item 5)

c. The VRC's proposed status is ☐ Accepted ☐ Modified ☐ Rejected (See Comments) ☐ Extended to _____

7. Comments

8. OWCP Rehabilitation Specialist	9. Telephone No.	10. Date

Copy Distribution: WHITE - Carrier/Employer GOLDENROD - Worker/Attorney PINK - Dist. R-File
CANARY - Comp. File GREEN - VR Counselor

Form OWCP-3
Rev. Mar. 1991

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The following page contains an alternate computerized version of the OWCP-3 currently in use in some offices. Sample entries are shown in italics.

Injured Workers Rehabilitation
STATUS REPORT

U.S. Department of Labor
Employment Standards Administration
Office of Workers Compensation Programs

Injured Worker's Name	Date of Injury	OWCP No.
(name)	*02/08/92*	*A25-0400356*

Case Status Information

Initial Referral Date: *7/11/96*
Case Open Date: *07/25/96*
Status Date: *07/25/96*
Current Status: *[W] Placement, Previous Employer with Additional Services*

Assigned Counselor: *(Name)*
Date Assigned: *07/25/96*
Hours in Status: *20*
Months in Status: *3*
Worker Address: *3840 CHESTERWOOD AVENUE SILVER SPRING MD 20906*

Comments:

The second opinion medical evaluator, U.B. Blake, M.D., indicates that the injured worker can return to light work with restrictions (see attached). This report is accepted as the definitive assessment on the injured worker. Testing and vocational evaluation should begin immediately after 30 days if the National Institute of Health (NIH), the employing agency, has not returned the injured worker to suitable work. The current status is approved until 10/30/96. Services after this date must have RS approval. The attending physician and the second opinion evaluator may be contacted only if OWCP requests or approves.

Report delays as they occur.

Cc: Comp/CE
Rehab
RC
NIH
IW

OWCP Rehabilitation Specialist	Telephone Number	Date Entered
Ronald Van Valkenburg	*(202) 565-9555*	*07/24/95*

OWCP-3

OWCP-9

The Rehabilitation Case Record, Form OWCP-9, summarizes information about the injured worker.

a. Item #1 of the OWCP-9 contains the case file number.

b. Item #38 contains specific referral instructions from the RS.

c. The Form OWCP-9, OWCP-3, or OWCP-14 will specify whether the counselor may contact the attending physician for additional work tolerance limitation information.

Examples of an OWCP-9 and OWCP-14 follow.

* Note: A "Q" or "P" at the end of the case number indicates that this is a "Quality Case Management" case. Quality Case Management will be explained on page 30.

Rehabilitation Case Record

U.S. Department of Labor
Employment Standards Administration
Office of Workers' Compensation Programs

INJURED WORKER

1. OWCP No.	2. Carrier's No. *(LHWCA)*	3. Name *(First, middle initial, last)*			
4. Date of Injury	5. Referred by and Date	6. Address *(Number, street, city, state, ZIP code)*			
7. Telephone *A.C.* ( )–	8. D.O.B. *(Mo., day, yr.)*	9. Age	10. Sex ☐ M ☐ F	11. Military Service *From* *To* Type of Discharge	Vet. Pref. ☐ 5 pt. ☐ 10 pt.
12. Marital Status	13. Is Spouse Working? ☐ Yes ☐ No	14. Age of Children	15. Educational Level	16. Social Security No.	
17. Job at Time of Injury	18. Salary $ ☐ per week ☐ per 4 weeks	19. Compensation Rate at Referral $ ☐ per week ☐ per 4 weeks			

CARRIER (LHWCA)

20. Name	21. Contact
22. Address	23. Telephone

ATTENDING PHYSICIAN

24. Name	
25. Address	26. Telephone

WORKER'S REP.

27 Name	
28 Address	29. Telephone

FORMER EMPLOYER

30. Name	31. Contact
32. Address	33. Telephone

MEDICAL

34. Diagnosis

35. Specific Treatment Being Rendered

36. Unrelated Disability(ies)

37. Medical Comments

OWCP

38. Referral Comments

39. OWCP Rehabilitation Specialist	40. Date Opended

33

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Form OWCP-9
Rev. Nov. 1984

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Referral To OWCP Rehabilitation

U.S. Department of Labor
Employment Standards Administration
Office of Workers' Compensation Programs

1. Name of Injured Worker

2. OWCP Case Number

3. Date Wage Loss Began

4. Name of Attorney/Representative

5. Nurse Intervention: ☐ Yes ☐ No

Outcome:

6. Name of Treating Physician

7.

☐ Work limitations based on second opinion/impartial. RC should contact RS/CE if clarification of medical information is needed.

☐ RC may contact attending physician if clarification of work limitations is needed.

☐ Refer for functional capacity evaluation/occupational rehabilitation program.

8. Report Accepted by CE as Bearing the Weight of Medical Evidence

Physician's Name _____

Date of Report _____

Date of OWCP-5 _____

9. Accepted Condition (s)

10. Other Significant Condition(s)

11. Compensation Status

☐ TD ☐ PD ☐ SA ☐ Terminated

12. Current Gross Compensation Paid $_____ each four weeks (if IW not in compensation status, enter TTD rate which would apply).
Pay rate on which compensation is based $_____ each _____.

13. Comments

14. Claims Examiner

15. Date of Referral

Rehabilitation Response

16. Date Received

17. Case Opened for Rehabilitation
Date: _____ Code _____

18. Case Not Opened for Rehabilitation (See #22. Comments)
☐ Additional Information Needed ☐ OWCP-3/Memo Attached

19. Name of RC Assigned

20. RC's Number

21. Expected Date of Initial Report

22. Comments

23. Rehabilitation Specialist

24. Date

Copy Distribution: White - OWCP Comp File Canary - Employer/Carrier
Pink - Rehabilitation Specialist

Form OWCP-14
Rev. Aug. 1996

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FECA "QUALITY CASE MANAGEMENT"

Injury cases opened since September, 1993, are designated "Quality Case Management" (QCM) cases and special rules apply. At the time an RS has referred a QCM case to you, a registered nurse under contract to OWCP usually will have monitored medical services, may have obtained clear work limitations from the physician and may have discussed light duty with the previous employer.

If the previous employer has explicitly refused to consider reemployment for the injured worker, the RS will instruct you to begin plan development. However, the previous employer may have alternative work available that requires training or job accommodation. Therefore, you will usually be instructed to approach the previous employer. In either case, meet with the injured worker within ten working days of receiving the referral from OWCP. If the case is referred for placement with the previous employer, contact the previous employer within ten working* days to discuss employment accommodation or a new position. The nurse's reports will inform you of previous contacts with the employer.

OWCP's Emphasis on Timeliness

In 1993 OWCP adopted a goal of returning workers to work (or giving them a long-term compensation eligibility determination) within a specific time. To contribute to this goal, the rehabilitation process is no longer thought of in discrete stages. Be constantly alert for opportunities to handle actions in a parallel rather than end-to-end manner, and to move a case in a given status to the next appropriate stage **regardless of the time remaining on the maximum permitted for that status**. Again, look for such opportunities and take advantage of them. Don't interpret the maximum times permitted in a given status as the "usual time" required for the actions in that status. As soon as the useful work of a given status has been completed, cases should be moved to the next status.

* This ten-working-day rule applies to non-QCM cases as well.

OWCP-5

The Work Capacity Evaluation, Form OWCP-5, provides information from the approved physician about the injured worker's level of recovery and work limitations. There are three versions of the OWCP-5: one for musculoskeletal conditions, one for cardiovascular/pulmonary conditions, and one for psychiatric/psychological conditions.

If more than one medical report is supplied, the RS will indicate which of them contains the work tolerance limitations accepted by OWCP. Only the limitations accepted by OWCP can be used to determine whether a job or type of work is suitable. Do not obtain additional work tolerance limitations unless directed to do so by the RS.

The OWCP-14 should indicate whether you are free to contact the treating physician involved in a rehabilitation case. If this is not indicated on the OWCP-14 or in special instructions on the OWCP-3 or OWCP-9, **do not** approach a physician for clarification, but consult the RS if some clarification in the work limitations is needed.

Copies of other current significant medical reports, nurse's reports, psychological testing and other pertinent information accompany the referral. (OWCP will not pay for general medical evaluations or for any evaluations or treatment for non-work related disabilities, with the exception of weight loss programs or substance abuse treatment, under certain circumstances.)

Under the Privacy Act the RS is authorized to forward documents to the RC without a written release from the injured worker. The RC or rehabilitation agency must maintain confidentiality and use information in the file only for the rehabilitation effort. You may provide the injured worker's duly authorized representative with routine information about the case status, and the attorney may attend your interview with the injured worker.

However, you should promptly contact the RS for assistance before responding to any special requests for participation, or when subpoenas or requests for release of information are received. Efforts by the injured worker's attorney to impede the rehabilitation effort should be reported to the RS.

Special Rehabilitation Procedures (SRP) cases are identified on the OWCP-9 in item #38. Cases are designated SRP if it is expected that the injured worker will have difficulty with motivation, adjustment, training, or placement during the vocational rehabilitation process due to:

- serious orthopedic impairments,
- psychiatric disorders, and/or
- generally misunderstood disabilities which further impair the worker such as blindness or epilepsy, serious emotional disturbances, educational deficiencies, or a disadvantaged background.

You will need to study and supervise the case more closely, apply special problem resolution skills and provide more comprehensive services to successfully rehabilitate these workers. Because a majority of OWCP's cases are SRP cases, time frames are designed to allow for these considerations.

Placement with the Previous Employer

Contact the previous employer before exploring any other options, unless the RS instructs otherwise.

Most injured workers prefer placement with their previous employer. This has many advantages:

- it is usually the quickest way to return the injured worker to duty;
- it reduces potential salary loss compared to the pre-injury salary, thus reducing or eliminating compensation payments;
- it preserves the injured worker's pension and seniority rights; and
- it places the injured worker in a familiar environment.

In FECA cases, there will often have been previous contact with the employer by a registered nurse. Review the nurse's reports when forwarded to avoid duplicating unsuccessful efforts. Contact the previous employer to explore such approaches as reassignment to different work, job accommodation with special equipment, or training for other work the employer has available.

Initiate placement action by holding separate initial meetings with the injured worker and the previous employer's representative (identified on the OWCP-9 form) **within ten working days of referral**. Support and understanding must be provided to the injured worker, while the previous employer is offered help in identifying a position or position modification suitable for the injured worker. The RC offers the previous employer support in the form of technical advice, counseling and retraining for the injured worker. The RC offers to help the previous employer draft a job description that suits the injured worker's physical capacities and, through effective counseling, the RC maintains the cooperation and participation of the injured worker in the process.

Assess prospects for placement with the previous employer quickly and realistically. Unless it appears that there is a real chance that the injured worker will be able to return to work with the previous employer, recommend moving the case to the next appropriate stage. If the case is QCM begin testing at day 30.

In any event, these efforts should not continue for more than three months (with an additional two months for post-placement follow-up). During this period, you should not use more than 25 professional counseling, guidance, and employer contact hours, while 20 hours are allotted for job finding and 5 hours for follow-up. Reasonable travel and clerical time may be charged in addition to the professional time. OWCP may approve an extension of 30 days if the agency has made a commitment to hire the injured worker and is actively developing a job offer.

Placement with the previous employer in a modified job does not, as a rule, require vocational testing. However, in FECA QCM cases, the counselor's job is to identify employment possibilities more widely in the agency, and testing may be required. **In QCM cases testing must be arranged if, after 30 days, the agency has not responded to your efforts.** The testing should consist of intelligence, achievement, and vocational interest tests. Also, if questions arise about the injured worker's skills and abilities or the previous employer suggests a need for training, then discuss an appropriate evaluation with the RS.

The previous employer should make a reasonable effort to find or develop a suitable position and to rehire the injured worker, as well as to honor any vocational rehabilitation agreements existing between his or her agency and OWCP. If, however, there is no reasonable expectation that the agency will hire, or if position development efforts have not progressed after 80 days, you should arrange and hold a final meeting with the previous employer. This meeting must take place before the 90th day in this status. At this meeting advise the employer of the following:

(1) The injured worker's physical capacity.

(2) Any opportunities you see for possible accommodation.

(3) The advantages to the agency and the injured worker of re-employment.

(4) The potential consequences to the agency if additional services are required to reemploy the injured worker. These include:
- Need to pay the expense of rehabilitating the injured worker for a different job.
- Since the injured worker may well be placed in a lower paying job, the eventual issuance of a loss of wage earning capacity (LWEC) rating and long-term liability for the difference between the worker's LWEC pay rate and the pay rate of the date of injury job.
- The loss of the ability after such a rating has been issued to require the injured worker to accept a re-employment offer with the agency.

(5) The date on which you will move the case to the Plan Development stage if no job offer is made.

If a valid job offer is not made by the previous employer by that date, immediately move the case to the Plan Development stage and notify the RS.

Job offers to FECA injured workers must be in writing and include the job title, a description of the job duties, the specific physical requirements, location, salary and reporting time.

When the previous employer does rehire the injured worker, you remain involved in the case during the readjustment period, which usually takes two months and is allotted ten professional hours. Contact the injured worker at the end of the first day on the job, at the end of the first and second months, and as often as necessary in between. You must also contact the employer at the end of the second month and as often as is necessary in between to monitor readjustment progress.

The injured worker must be flexible when he or she returns to work. Duties, hours, shifts, pay, position location, travel requirements, environment, or fringe benefits may have changed. The employer may also require periodic medical evidence of continuing partial disability for as long as the injured worker remains in a modified duty position.

Federal workers who have retired and are reemployed by their agencies will be subject to Office of Personnel Management (OPM) rules regarding credit for the time spent in receipt of FECA benefits when they elect to retire the second time.

PLAN DEVELOPMENT

The case moves to Plan Development at the 30 day mark if the employer is not interested. It is critical to begin testing and planning even if the previous employer is still deliberating. If the employer's interest is uncertain, the case should move to Plan Development as soon as it is clear that the previous employer is not actively developing a job offer, or 90 days from referral whichever is earlier. (Plan development is the first status if the previous employer has unequivocally refused to hire or if training for a different position with the employer is being considered.) With the participation of the injured worker, you must develop a plan that meets OWCP guidelines and has as its goal the injured worker's return to some other full or part-time employment, depending upon any time-limiting work restrictions. The RS must approve the plan before it goes into effect and reserves the right to either terminate or revise a plan at any time.

1. The plan should aim to enhance the injured worker's employability. Enhancing employability means:

   a. Making it possible for the injured worker to compete for additional jobs for which the injured worker now lacks essential skills or knowledge, and/or

   b. Preparing the injured worker to compete for jobs that pay more than he/she can currently earn, up to the level of the date-of-injury job.

2. Plan development should not use more than 20 professional counseling, guidance, and employer contact hours. (You may add travel and clerical time to the 20 hour limit.) You must justify a request for additional time and this request must be approved by the RS on the OWCP-3. The combined maximum time for either returning the worker to the previous employer or for achieving a workable plan is 150 days from referral.

3. Vocational testing and evaluation are required in the initial plan development, with the following exceptions: placement with the previous employer, placement with new employers when the position is a light duty version of a previously held position, and medical rehabilitation.

4. Testing may also be waived on request when the placement position requires skills and experience that the injured worker has already demonstrated. Otherwise, you must determine the impact of an injured worker's social environment, intellectual capacity, personality, work history and education on his or her rehabilitation potential. Use transferable skills assessments, work evaluations, vocational testing, work history evaluations and psychological testing to make this determination.

5. Testing will usually consist of intelligence and achievement tests and an interest inventory, and must be performed by a psychologist or qualified vocational evaluator.* Other vocational evaluations, including normed work samples, specialized vocational testing and transferable skills analysis may also be performed if needed. Computerized transferable skills analyses may be obtained if indicated.

6. You need actual test scores, copies of all interpretive reports and copies of outside consultants' reports, and must request these from the provider in addition to the test results summary with specific recommendations.

Continued on following page.

*Note: Except where authorized by the RS, Rehabilitation Counselors, even if qualified, should not perform testing on their own cases.

7. Work with the injured worker to develop a vocational plan. Submit a recommendation based on medical reports, Work Capacity Evaluation (Form OWCP-5), vocational test results, the injured worker's educational and work history, and extent of wage loss. A concise narrative description of the plan should be contained in your report and should include:

   a. Vocational and other test results with an explanation on how these justify the goal;

   b. A discussion of the proposal that describes:

      (1) The responsibilities of the RC, injured worker, and potential employer both during and after the placement process;

      (2) For Placement, New Employer and Training Plans, at least two potential occupations that pay hourly or annual salaries--not commissions--and that are within the injured worker's physical capacity. The physical requirements of these target occupations must not exceed the worker's capacity as described in the accepted medical report. Job descriptions in the DOT are the final authority on physical job requirements*. The plan must include job titles; estimated salaries; a statement that the jobs are reasonably available, with supporting documentation; the appropriate nine-digit Dictionary of Occupational Titles (DOT) numbers; and evidence of job openings; and Cost estimates and a timetable for reaching the vocational goal.

      (3) Cost estimates and a timetable for reaching the vocational goal.

* *You may sometimes have information that suggests the DOT description of a job's physical requirements is more stringent than most examples of the job as performed in the worker's area. If so, you may document this with information from the State Employment Service or a labor market survey, including several examples. Or, if the injured worker's work capacity is close to the DOT requirements and you believe it would be suitable, contact the RS and ask her/him to arrange a meeting between yourself, the injured worker and the attending physician, to obtain a more precise work capacity estimate.*

The plan should take advantage, as much as possible, of the injured worker's talents and skills. However, the injured worker's interests should not be the sole factor shaping vocational plans. Instead, plans should be guided primarily by their potential to return the injured worker to work in a position whose pay rate is as close as possible to the injured worker's pre-injury pay.

An injured worker's statutory obligation to cooperate with rehabilitation efforts includes the obligation to cooperate with an attempt to formulate a rehabilitation plan that will increase employability and/or return him/her to employment at a rate of pay closer to that of the date-of-injury position.

The RS will advise you if the plan is approved and Form OWCP-16 should be completed.

8. FECA injured worker's need for medical rehabilitation may have been addressed during the early stages of disability by the CE and RN. Any subsequent problems requiring medical attention require CE approval, and you should bring these to the attention of the RS and CE immediately, via telephone and the Rehabilitation Action Report. In Longshore cases not covered by the Special Fund, the employer or carrier may fund medical rehabilitation and the same reporting procedures apply. A functional capacities evaluation may be obtained only if there is no report of physical limitations.

   Occupational Rehabilitation Programs (ORP), including work hardening, are discussed in this section under Medical Rehabilitation.

9. Training must be considered whenever the worker lacks marketable skills with earning power comparable to the pre-injury wage.

10. FECA injured workers will receive total disability compensation payments from OWCP while in an approved vocational rehabilitation program. Longshore injured workers may be paid by the employer or carrier. FECA and LS workers may also be paid up to the respective statutory limits for extra expenses that they actually incur during the course of rehabilitation, such as transportation, lunch, room and board, laundry, baby sitting, or day care (see Unit III).

Training Plans

Use a vocational training plan to develop knowledge and skills which will lead to employment if

- the worker has no transferable skills,
- there will be a wage-earning gap between an injured worker's previous employment and his or her potential position with a new employer, or
- a period of training will enhance the injured worker's employability. (See definition in C-1.)

For FECA workers, you must always consider training first if placement with the previous employer is not possible and there is a disparity--even a small one--between the pre-injury earnings and the jobs available to the worker based on existing knowledge and skills.

1. Vocational training provides organized job skills instruction and uses tutoring, correspondence courses, on-the-job facilities, trade schools, business schools and colleges to accomplish this purpose. You can use a vocational training plan where appropriate, regardless of the injured worker's occupational category, but make sure that the training objective is compatible with the injured worker's abilities.

   The training facility should be carefully selected and there must be evidence suggesting that the injured worker can be employed when he or she completes the training plan. Programs of up to two years are preferable for vocational training in a school setting. Twelve months is the limit of an on-the-job training effort. Most cases will require training of two years or less. However, training of more than two years may be approved if the loss of earning capacity without that training is great or if the disability is severe.

2. A pre-vocational training plan is sometimes needed to help the injured worker prepare for vocational training, if basic math and literacy skills are lacking, or the injured worker needs help with resume writing, job interviewing, or study skills and is approvable up to 12 months. Unusual cases will be considered separately. Job search skills training is limited to one month and limited to not more than ten professional hours, while basic math and literacy pre-training can last up to a year with a minimum of one professional contact hour per month during the training period. Job search skills training should be followed immediately by placement. Personal and social adjustment or work adjustment training should be provided for injured workers whose separation from the work environment has rendered them unable to cope with the requirements associated with returning to remunerative employment. You may recommend up to six months of this training and the RS will determine the number of professional hours to be supplied. For all other training plans, the RS may approve up to 1-1/2 hours per month of RC contact. Maintain contact of at least 1/2 hour per month with the injured worker during approved training programs.

3. Requirements. The results of testing or vocational evaluation determine the training plan and duration.

   a. Vocational-Technical Training Plans: Vocational-technical training plans require approved public vocational-technical school testing, work evaluations, psychological testing, or trial on-the-job training to determine the most suitable type of training for the injured worker. Vocational or business school courses of instruction should run six months to no more than two years. You are required to submit copies of official transcripts and progress reports to the RS, attached to the monthly report, within two months after the end of each grading period.

   b. College Training Plans: College training plans require an individually administered test battery, consisting of the WAIS, WRAT, aptitude testing, an interest inventory, and a personality evaluation, to determine the best course of instruction for the injured worker. In addition, use the specific recommendations of the psychologist or qualified examiner when putting together the college training plan. College courses of instruction will usually not exceed two years. However, in unusual circumstances, longer programs can be approved with adequate justification.

c. Extensions: An injured worker may be granted an extension, not to exceed one semester or marking period, when necessary, due to circumstances outside the injured worker's control. Request the extension only if approval will ensure completion of the original program within the time limits of the original plan, plus the one extension. Notify the RS by telephone immediately when it becomes apparent that an extension is necessary, and explain the reason(s). The RS, after review of the request and consultation with the claims examiner, will advise you and the injured worker on the OWCP-3 form or by memo whether the request is approved. Make the request for extension when it becomes apparent that more time is required. It is not necessary to wait until the prior agreed time limit is at hand. Submit copies of all official transcripts and progress reports, attached to the monthly report, within two months after the end of each grading period.

d. On the job training (OJT) plans can be used when an injured worker needs twelve months or less of training that can be best provided on the job. Such plans should not be confused with Assisted Re-employment which is available only for workers who are qualified for the target positions. In an OJT program, the worker may be paid a stipend by the employer, who may also receive a sum for administering the training program. The skills which will be acquired through training and how the training will be conducted should be outlined in writing. The employer must agree to retain the worker if the training is successfully completed.

4. The RC works with the injured worker to develop a training plan and must obtain written approval from the RS before implementing it. Thus, training plans should be submitted to the RS at least four weeks prior to the expected training start date. In emergency situations when this time requirement cannot be met, you may obtain fax or verbal agreement from the RS to implement the plan. Under no circumstances should a training plan be implemented without the written or oral approval of the RS.

a. Identify at least two jobs that will be suitable for the injured worker when he or she completes the training plan. Job identifications must include the job titles and DOT numbers, the estimated salaries, rationales explaining why the jobs would be suitable, and statements that the jobs are reasonably available and open. (Note: An OJT plan must spell out the job to be done and the skills or abilities that the worker will acquire through training. There must be a good faith agreement with the employer to hire the injured worker upon successful completion of the program.)

b. The completed training plan should include the Rehabilitation Plan and Award, Form OWCP-16, and the Letter of Award to the Rehabilitation Facility, Form OWCP-24. Request these forms from the RS and complete and return them. The RS will use these forms to formally approve the training plan, returning them to you along with the Rehabilitation Plan Cover Letter, OWCP-23, which provides instructions for completing the maintenance request, and the OWCP-3 form. If the RS decides not to approve the plan or to modify the plan, he or she will notify you on the Injured Worker Rehabilitation Status Report, Form OWCP-3.

5. Counselor responsibilities during training. Substantive contacts with the injured worker during the training period increase the probability of a successful return to work.

a. You are required to visit with him or her during the first week of training, at mid-session and three months prior to the training completion date. You may conduct additional monthly contacts, required throughout the training period, by telephone. Monthly contacts should total a minimum of 1/2 hour but no more than 1-1/2 hours. Note: If the worker is enrolled at a facility more than 100 miles from your location, the RS will provide separate instructions regarding visits.

b. Your contact should include counseling to resolve any problems that may interfere with the injured worker's successful completion of training. If warranted, consider having the injured worker receive supplemental tutoring, which can be paid for by OWCP. Advise the RS of this need as soon as it arises.

6. Injured worker responsibilities during training.
An injured worker's cooperation in an approved plan is mandatory under the FECA. If the injured worker shows evidence of noncooperation with training, for example by failing to attend classes, advise the injured worker of his/her statutory obligation to cooperate. If such counseling fails to stop the injured worker's behavior, immediately notify the RS by telephone and on Form OWCP-44, Rehabilitation Action Report, of failure to cooperate. Discontinue contact with the injured worker until advised by the RS. You and the RS need to work together immediately to attempt to resolve the issue if possible. If not, formal sanctions may be initiated by the responsible CE.

REQUIREMENTS FOR A TRAINING PLAN

1. Tests:

   Achievement Test (WAIS-R)

   Personality Inventory (if required by RS)

   Transferable Skills Analysis

   Labor Market Survey

2. Forms:

   OWCP-16 - Used to authorize the costs of a rehabilitation plan, over and above the initial costs authorized on OWCP-35.

   OWCP-24 - Used to authorize services by a vendor other than the RC. Contains billing information. Indicates where the provider should forward his/her bill. A form should be completed for each vendor identified on Form OWCP-16.

3. Jobs Identified

   At least two target jobs should be identified, along with their DOT numbers, on the OWCP-16.

   Salaries of the targeted jobs should also be included.

PLACEMENT WITH A NEW EMPLOYER

If the pre-injury employer is unable to accommodate the injured worker, you can develop a written plan for placement with a new employer.

Requirements

Unless the plan goal is a light duty version of a previously held job or based on transferable skills acquired through training, the plan must be supported by a complete vocational evaluation: intelligence, interest, and achievement testing by a qualified examiner, with specific recommendations, and an Individual Placement Plan (IPP) signed by the injured worker. A computerized transferable skills analysis is encouraged but not required. You may also request an aptitude test and personality evaluation from a qualified examiner. For such tests and evaluations, request that the examiner make specific recommendations.

Individualized Placement Plan (IPP)

An Individual Placement Plan consists of your documentation that specified job goals are:

(1) Compatible with the injured worker's educational and vocational capabilities (suitability); and

(2) Reasonably available in the open labor market.

In addition to your "memo of justification," the IPP also consists of specific obligations and responsibilities that the injured worker and you agree to as part of the job search agreement. In other words, the injured worker agrees to take certain actions during job search and you also agree to take certain actions during job search. The IPP specifies that the goal of job search "IS TO RESTORE THE INJURED WORKER TO ADEQUATE EMPLOYMENT."

INDIVIDUAL REHABILITATION PLACEMENT PLAN AND JOB SEARCH PLAN AND AGREEMENT

INJURED WORKER Brenda Doe OWCP NO. A30-11111

JOB GOALS: 1. Employment Clerk DOT NO. 205.362-014
2. Survey Worker DOT NO. 205.367-054
3. Tape Librarian DOT NO. 206.367-018

GEOGRAPHIC BOUNDARIES: Cleveland Metropolitan Area

A. IW Brenda Doe
I agree to participate in full time job search activities as follows:

1. I will spend four hours each day in job search activities.
2. I will visit the State Unemployment Office each week.
3. Submit one to three applications daily with a minimum of at least 10 in-person contacts per week.
4. Maintain a daily record of my activities, to include date and method of contact, company name, address, telephone number, name and title of person contacted, type of business, and results.
5. Follow-up on all job leads furnished by the RC.
6. Maintain contact with the RC and submit job search record every two weeks.
7. Provide requested documentation to OWCP and continue to cooperate with OWCP.

B. RC John Doe
I agree to assist injured worker in development of job seeking skills including:

1. Discuss progress with Brenda by telephone on Tues. and Wed. (other times as needed).
2. Contact local employers and other resources to develop job opportunities.
3. Provide at least 10 local job leads in June/July.
4. Follow-up on IW's employer contacts, as necessary.
5. Review and update job search plan with IW as necess.
6. Follow-up with IW for 60 days.

COMMENTS TO JOB SEARCH PLAN AND AGREEMENT

EXCEPTIONS TO JOB PLAN SEARCH AND AGREEMENT

DATE 12/2/96 IW SIGNATURE Brenda Doe

DATE 12/2/96 RC SIGNATURE John Doe

In addition, identify at least two jobs that are within the physical capacity of the worker and show that the jobs are available in the community and that there are openings. For these jobs you must give job titles, DOT numbers, the jobs' estimated wage, the jobs' estimated physical demands, a statement that the jobs are suitable for the injured worker and that the Specific Vocational Preparation requirements in the DOT have been met. Give an estimate of the number of professional hours needed to complete the plan and the sources of all job-related information.

Your final source for validating availability of actual jobs is the State Division of Employment Security. The name, telephone number, date of contact, and result of discussion should be included in your report.

You may propose that placement services include a short-term Assisted Reemployment incentive to suitable employers. Assisted Reemployment is discussed on page 50.

Plan Approval

You must submit the proposed plan in writing to the RS within the time frame, who will review and either approve, modify, or deny it. The RS will then notify you of his or her decision on Form OWCP-3. If the plan requires funding which exceeds the authorization on the OWCP-35, the RS will also direct you to prepare the OWCP-16 and OWCP-24 for signature.

Counselor Responsibilities

Up to three months and up to 50 professional hours are allotted for placement with a new employer. Devote at least 65% of the allowable 50 professional hours to job opportunity development (potential employer contact, arranging interviews, etc.) and no more than 35% to guiding and counseling the injured worker, preferably face-to-face and on a regular basis. Also encourage the injured worker to conduct his or her own job search activities.

You must request and justify additional time in writing from the RS, and must have written approval from the RS before exceeding the allowable placement period. You should explain why you were unable to complete the plan in the hours and time allotted, and specify precisely what will be provided differently to ensure success if the extension is granted. Typically, extensions are granted only when the injured worker has been cooperative with the process and there are indications that a specific employer will make a job offer within the extension period. Prior written approval from the RS is required before proceeding.

An Individual Placement Plan should be prepared and signed by the you and the injured worker. The plan secures the injured worker's commitment to actively participate and makes the nature of the rehabilitation program clear.

If the injured worker is cooperative and it appears that potential employers are bypassing the injured worker in favor of other candidates with more experience or some other qualifications, consider use of "Assisted Re-employment" (see section F. on the next page) or in some instances you may refocus the job search to include other target jobs. This is a situation in which you should give the RS some options and recommend what is most likely to work. RS approval is needed for either of these changes.

Counsel the injured worker before the first interview about interview appearance and behavior. If the injured worker shows evidence of noncooperation with the PNE process, for example by failing to appear at job interviews or by habitually arriving late or unsuitably dressed for the interview, notify the RS by telephone and on an OWCP-44 of failure to cooperate.

Two months and ten professional hours are allowed for follow up during the readjustment period after placement. To the extent possible, visit with the injured worker and employer concurrently in order to review progress, offer suggestions to improve adjustments and resolve problems. Contact should occur at the end of the first day on the job, after the first and second months and as often as necessary in between.

ASSISTED REEMPLOYMENT

Under the Assisted Reemployment (AR) program, FECA may reimburse new employers for a portion of the salary paid to an injured worker for up to three years. (LS claimants are not eligible for AR.) A Short-Term Assisted Reemployment program, providing the employer with up to 75% of the worker's salary for up to six months, may be combined with most placement programs for FECA injured workers. During this period, the subsidy may not exceed the amount of compensation previously paid to the injured worker. The RS will advise you of the dollar limit that can be offered to a prospective employer.

Longer (but not more than three years) subsidies may be offered if the worker is judged to be difficult to place. In these cases, although FECA is permitted to pay up to 75% of the salary in the first year, the total dollars paid to the new employer plus the compensation benefit paid to the injured worker may not exceed the total disability compensation that would otherwise be paid to the injured worker in that year. The level of subsidy should be phased out over the period, e.g., 50% in the second year and 25% in the last year. The RS will assist in computing the amount that can be reimbursed for a given salary offer.

Assisted Reemployment is a subsidy designed to encourage employers to choose qualified rehabilitated workers whom employers might otherwise find less attractive than other candidates. It has been successfully used after other programs failed, but it should be used at an earlier stage if it is clear that it will be hard to place an injured worker. AR is best used with injured workers who are fully qualified for target positions but who may not be selected without this subsidy. Assisted Re-employment should not be confused with OJT. The latter is best used when an injured worker needs training to become qualified that is best provided on the job.

The RS will identify these cases for you and give instructions. You may propose short-term Assisted Reemployment in any case where placement services are recommended. A business owned or managed by you, by the injured worker, or by relatives of either you or the injured worker is not eligible for the subsidy.

An Assisted Reemployment plan should proceed after written authorization from the RS and is similar to a Placement New Employer plan. It should require no more than 50 contract hours over a 3-month period. These hours should include employer contact of up to 40 hours, up to 5 hours of report preparation, and up to 5 hours of contact with the injured worker. The RS will approve these services on an OWCP-3 and use the OWCP-16 and OWCP-24 for authorization. The injured worker's co-signature is not required. The RS will approve follow-up by the RC for a specified period of time, professional and nonprofessional hours, and describe the type of follow-up for each Assisted Reemployment plan closed successfully.

A sample Cooperative Agreement for Assisted Reemployment follows.

COOPERATIVE AGREEMENT FOR ASSISTED EMPLOYMENT

Dear

This letter constitutes the agreement between your firm and the U.S. Department of Labor, Office of Workers' Compensation Programs (OWCP) explaining the terms and procedures whereby OWCP will reimburse you for wages paid to [injured worker] whose OWCP file number is [ ].

[Injured worker's name] will work for you as a [job title] beginning on [date] and will be paid $ per hour. The duties of the position are attached. Please notify OWCP of any substantial change in [his/her] job duties.

OWCP will reimburse you for part of the wages you pay to [injured worker's name] according to the following schedule. We agree to reimburse you % of the gross wages (excluding overtime) paid from [date] through [date]. The assisted employment subsidy may not exceed [ ] over the period.

OWCP will make these reimbursement payments to you on a quarterly basis. To facilitate timely reimbursement, you must submit a quarterly statement of gross wages paid, including the hours worked and rate of pay, the amount to reimburse, and the time period covered. Your statement must also include the employee's full name and OWCP file number as listed in the first paragraph above, your complete remittance address, your tax identification number (EIN or SSN), and the name and signature of your authorized official certifying that the information submitted is correct. You will submit the attached form CA-2231 to OWCP at the approximate end of the quarter with dates as follows: [ ] and your final billing of [ ]. The OWCP will pay you within 45 days of receiving a proper bill. You must do the following to insure that your bill is proper:

* Complete all items on the CA-2231 form.

* Submit the original quarterly CA-2231 to:
  Rehabilitation Payment Address
  U.S. Department of Labor

* Submit a copy of the CA-2231 form to:
  U.S. Department of Labor

For non-Federal employers, reimbursement payments will be treated as taxable income, and a form 1099-G will be issued at the end of each calendar year.

Cooperative Agreement:

This letter is in duplicate. Both copies have been signed by our representative. You should sign both copies in the space designated, fill in your Federal Employer's Identification Number (EIN) or Social Security Number (SSN) as appropriate, return copy A to us at the address above and keep copy B for your records. Your signature will indicate that you agree to comply with the terms and procedures listed above, as well as all applicable Federal, State, and local laws. You also certify by signing that the entity employing the worker is not owned or managed by a relative of the worker.

Signatories:

District Director
Office of Workers'
Compensation Programs

_____
Employer's EIN or SSN

PLACEMENT IN SELF-EMPLOYMENT

Some injured workers will be good entrepreneurial candidates and others will not. Since starting a business is a high-risk activity and continued income cannot be assured, you should first carefully evaluate placement opportunities in existing businesses in the community, with and without training. A self-employment plan should be proposed only if it is the best possible alternative, not merely a last resort.

You may submit (after carefully researching the business venture, discussing it thoroughly with the injured worker and considering the risks) a written justification and plan for establishing a small business to the RS for approval. Explain how the plan compares with other options for the injured worker, and explain how it is the best alternative for reemploying the worker and reducing the loss of earning capacity when compared with retraining and placement options.

Complete vocational testing must precede any plan for self-employment, including individually administered WAIS, WRAT, an aptitude test, interest inventory and personality assessment. The examiner should make specific recommendations regarding the injured worker's suitability for self-employment.

Two jobs should be identified which are within the injured worker's work capacity and are available in the community, as a basis for comparison with the expected results of a self-employment program.

After no longer than six months into the program, the business should provide remuneration at the minimum competitive wage and at the going competitive rate as indicated on the plan at the end of 12 months.

The RS will respond on Form OWCP-3, approving, disapproving or modifying the plan.

EMPLOYED STATUS; FOLLOW-UP AFTER PLACEMENT

Advise the RS immediately when the injured worker accepts a job offer and provide the name and address of the employer, the job title, the physical demands of the job, the starting date and the salary.

Your follow-up should include contacts with the injured worker at the end of the first day, first month and second month on the job, as well as contacts with the employer at the end of the second month. Ten hours of professional time are allotted for this activity.

OWCP may also offer counseling or other rehabilitation services if an injured worker has difficulty adjusting to the new job. However, injured worker's are expected to be cooperative during the adjustment period after employment. They should take responsibility for adapting to the new environment and for arranging for child care and travel needs. Report instances of noncooperation to the RS immediately.

Problems with Followup

In situations when problems arise that could cause the injured worker to leave employment, provide counseling and work with the injured worker and the employer to solve the problems. However, notify the RS immediately in the following circumstances:

a. Your attempts to resolve the problem are unsuccessful and it appears that the problem situation may cause the injured worker to leave the placement;

b. You believe that more than the standard ten hours of follow-up services will be needed to deal with the issue. In this case, advise the RS of case events and secure approval to provide, if needed, more than the standard ten hours of follow-up service.

You may also recommend a training plan, job placement or small business assistance for reemployed injured workers who have temporary jobs or have experienced a substantial reduction in their pre-injury earning capacity. (Injured workers with Longshore coverage who have accepted lump-sum settlements are not eligible for these post-employment services.) Such post-employment services must be completed within two years.

The following categories of cases may be referred to you in which special activities will be required:

- Workers with permanent disability residuals who were returned to temporary jobs by the Federal employer with services provided by a field nurse.

- Workers with permanent disability residuals who were returned to temporary jobs by the Federal employer with no services from OWCP medical or rehabilitation professionals.

- Workers with ill-defined disability residuals who are in temporary positions but the Federal employer wants the services of a rehabilitation professional.

You should arrange a meeting with the employer and the injured worker (at the work site) to take place within ten working days. At the meeting(s) you should explain your role and why the referral was made.

You should then conduct your vocational evaluation to include testing, labor market analysis and determine the vocational potential of the injured worker, to include what is likely to happen if and when employment with the Federal establishment is terminated. After reporting to the parties of interest the case should be closed.

MEDICAL REHABILITATION

In FECA cases and in Longshore Special Fund cases, OWCP can pay directly for medical rehabilitation services. In other Longshore cases, the employer or carrier may fund medical rehabilitation, if indicated.

FECA medical services related to the work injury, including medical rehabilitation services, must be authorized by the claims examiner. Newer FECA injury cases will often have been served by a registered nurse who will usually identify the need for medical rehabilitation and provide for it before the injured worker is referred for vocational rehabilitation. If a need for physical conditioning, work hardening, and so on is identified in a FECA case which has not been medically managed by a nurse, you should make the recommendation to the RS, who may obtain the CE's authorization.

Medical rehabilitation should be considered early in planning the rehabilitation effort, if it will substantially improve the prospects of a successful return to work. Usually, the benefits of a physical therapy or work hardening program are achieved in 6 to 12 weeks, and this should be the extent of the plan (see Appendix A).

OWCP will also consider medical services for FECA injured workers who are in need of treatment for abuse of alcohol, drugs or controlled substances If you believe that an injured worker involved in planning or in an approved program is unable to continue due to such a problem, then he or she must contact the RS immediately by phone to discuss the problem and recommend appropriate follow-up. OWCP, upon documentation of the problem and the injured worker's informed consent to cooperate with treatment, may approve and fund a treatment plan. You may recommend a particular facility in the local community for a period not to exceed 28 days. The RS, after conferring with the CE, will advise you on an OWCP-3 form or memo. The CE will provide a letter of authorization to the facility.

Except as discussed on the previous page, neither LWHCA nor FECA cover the cost of treatment or medical equipment which are not related to the work injury, even if the non-related condition is having an impact on the vocational program.

INTERRUPTION OF SERVICES AND CASE CLOSURE

Problems Impeding Rehabilitation

The injured worker may report that the need for intensive medical treatment or some other serious problem makes it necessary to suspend rehabilitation. If medical treatment is proposed, tell the injured worker to produce a medical report explaining why treatment is needed. If a medical report is submitted, notify the RS immediately by phone, and forward the medical report with the Rehabilitation Action Report. The RS will confer with the FECA CE, or may advise you to contact the Longshore carrier, and will advise you and the injured worker via the OWCP-3 whether rehabilitation should be interrupted and if so, the approved status, hours approved, length of time, and your exact responsibilities. Continue with the current status until notified of a change by the RS. The injured worker is expected to keep appointments, undergo testing, and so on, until notified by the RS.

A case on which, in the CE's or RS's judgment, useful vocational rehabilitation cannot proceed for the moment will be placed in an interrupted status if the factor interfering with vocational rehabilitation has a predictable end point, and the interference will continue for six months or less. The interrupted status will begin when active vocational rehabilitation services must stop. Until that point, useful services, such as testing, should continue. In the case of placement or training, you should contact the RS for guidance as to whether to continue, if prolonged incapacity or surgery are planned.

If a case is placed in interrupted status, you should spend between 1 and 1 1/2 hours per month maintaining contact with the injured worker to support eventual resumption of services and early return to work.

Closed, rehabilitated

A case is closed, rehabilitated when the injured worker has successfully returned to work and remained on the job for at least 60 days.

Other Types of Closure

A case is also closed if the injured worker refuses to cooperate with the rehabilitation effort; if the authorized placement, new employer period has been completed; if the RS has determined that he or she cannot be successfully rehabilitated; if the need for additional medical treatment or some other event means that the rehabilitation effort must be suspended for more than six months; or if the injured worker is no longer eligible for services.

The determination to place a case in a closed status can be made at any time during the rehabilitation process by the RS.

For all FECA injured workers who have not been successfully reemployed, and for some Longshore workers, the RS will require certain specific information from you when placing the case in a "closed, other" status. This information may be used to adjust the injured worker's compensation status even if a placement was not achieved. State whether at least two specific jobs, identified by DOT title and number, are reasonably available in the injured worker's commuting area and are suitable to the injured worker's medical status, educational background and vocational preparation. The jobs used for planning purposes should be used if the information is still correct.

Two Additional Situations in Which You Should Recommend Case Closure

1. The case is in PNE. The injured worker cannot find employment after a 90 day extension of PNE (and Assisted Re-employment is either inappropriate or will not help). (Example: An injured worker is not placed after 90 days in Assisted Re-employment.)

2. The case is in PNE and in your opinion the injured worker is making a less than full-fledged effort to obtain a job but has done so in a way that makes it difficult to document the obstruction sufficiently to uphold imposition of sanctions available for "non-cooperation."

A Situation to Bring to the RS's Attention

If during rehabilitation an injured worker decides to elect OPM benefits, notify the RS immediately.

Other RC Actions Required in Some Instances of Case Closure

Here are some additional actions you need to take in some instances of case closure.

a. Identify two target occupations for the injured worker that are within his/her functional capacity as identified by acceptable medical evidence. If an injured worker has completed a rehabilitation program, these two jobs should be the same ones listed on the rehabilitation plan unless these jobs are no longer regarded as suitable. In addition, the jobs identified must meet OWCP's definition of "reasonable availability" and should be identified as such by a counselor, labor economist or the State Division of Employment Security. For this purpose, a job must be performed in sufficient numbers in the community so as to be reasonably available.

SUMMARY OF TIMELINESS STANDARDS AND KEY CRITERIA FOR MAKING DECISIONS ABOUT STATUS

STATUS	USE WHEN	AVOID WHEN	TIME LIMIT	EXTENSION ALLOWED IF
Placement Previous Employer (PPE)	There is hope of placing IW in any position with previous employer.	Former employer shows inability, unwillingness to hire IW.	30 days; continue to 90 days if employer shows willingness to hire.	Up to 30 days, if employer is actively developing job offer.
Plan Development	PPE fails, employer does not respond, or cannot accommodate. Begin planning and testing at day 31 if no interest from employer.	PPE succeeds.	90 days. An acceptable plan must be submitted to RS no later than 150 days from referral.	
Training	IW needs to develop job skills that enhance employability for target jobs.	IW already has skills to compete for target jobs.	Pre-vocational - 1 year max. Vocational school/college - 2 years. OJT - 6-12 months.	Up to 1 marking period, when circumstances are outside IW's control.
Medical Rehabilitation	IW needs medical services to prepare for employment (CE must approve)	IW does not need medical services to prepare for employment.	6 months.	
Interrupted	Case actions will cease for 6 months or less.	Case actions will cease for more than 6 months.	6 months.	
Placement, New Employer (PNE)	PPE fails and IW has skills needed to compete for target jobs.	PPE succeeds.	90 days.	Up to 30 days if IW has been cooperative and specific employer will make job offer within extension period.
Employed Follow-up	IW accepts position.	IW is still employed.	2 months.	

Continue reading on following page.

Continued from page 60.

b. Perform a Labor Market Survey (LMS) to determine the pay rate and availability of the target jobs. A sound LMS entails canvassing not only the State Division of Employment Security but also such other local sources as:

(1) Chambers of Commerce

(2) Professional/trade associations

(3) Private Industry Councils

(4) Local employers.

c. Report the results of the Labor Market Survey on a form OWCP-66. A correctly completed OWCP-66 is provided as a model on the following two pages. A separate form OWCP-66 should be completed for each target job. When filling out the OWCP-66, do the following:

(1) Attach or insert the actual DOT job description (as opposed to a paraphrase or synopsis) to the OWCP-66. Having the actual DOT description provides the CE with the best basis for doing the LWEC.

(2) Describe precisely the source of the information you enter on the OWCP-66. What specific employers? What specific state employment service office? Etc.

(3) Express salaries for the selected target jobs as a single specific number ($29,243 annually, $385/week, $7.21/hour) rather than as a salary range.

U.S. DEPARTMENT OF LABOR EMPLOYMENT STANDARDS ADMINISTRATION Office of Workers' Compensation Programs	JOB CLASSIFICATION
Claimant's Name: ***Martin B. Ames***	OWCP File No. ***99-765432***

Based upon the medically determinable residuals of the injury in the case, and taking into consideration all significant pre-existing impairments and pertinent non-medical factors, I find that the claimant is able to perform the following job for the earnings indicated below, and that such work is reasonably available within the commuting area.

1. Job Selected (DOT Title):	2. DOT Number
Small Parts Assembler I	***706.684-022***

3. Job Description (include source and date of source):

706.684-022 ASSEMBLER, SMALL PRODUCTS I (any industry) alternate titles: bench assembler
Performs any combination of following repetitive tasks on assembly line to mass produce small products, such as ball bearings, automobile door locking units, speedometers, condensers, distributors, ignition coils, drafting table subassemblies, or carburetors: Positions parts in specified relationship to each other, using hands, tweezers, or tongs. Bolts, screws, clips, cements, or otherwise fastens parts together by hand or using handtools or portable powered tools. Frequently works at bench as member of assembly group assembling one or two specific parts and passing unit to another worker. Loads and unloads previously setup machines, such as arbor presses, drill presses, taps, spot-welding machines, riveting machines, milling machines, or broaches, to perform fastening, force fitting, or light metal-cutting operation on assembly line. May be assigned to different work stations as production needs require or shift from one station to another to reduce fatigue factor. May be known according to product assembled.
GOE: 06.04.23 STRENGTH: L GED: R2 MI LI SVP: 2 DLU: 79

4. Physical Demands for Job According to the Dictionary of Occupational Titles (DOT). (Circle each item that applies.)

From the "Selected Characteristics of Occupations Defined in the Revised Dictionary of Occupational Titles":

STRENGTH LEVELS	Occasionally	Frequently	Constantly
(S) Sedentary	*-10	*	N/A
(L) Light	*-20	*-10	*
(M) Medium	20-50	10-25	*-10
(H) Heavy	50-100	25-50	10-20
(V) Very Heavy	100+	50+	20+

PHYSICAL DEMANDS COMPONENTS (Absence or Presence)

(N)-Not Present:	Activity or condition does not exist.
(O)-Occasionally:	Activity or condition exist up to 1/3 of the time.
(F)-Frequently:	Activity or condition exist from 1/3 to 2/3 of the time.
(C)-Constantly:	Activity or condition exist 2/3 or more of the time.

Keys	Physical Demands		Keys	Physical Demands	
St	Strength	(S L M N V)	Fe	Feeling	(N O F C)
Cl	Climbing	(N O F C)	Ta	Talking	(N O F C)
Ba	Balancing	(N O F C)	He	Hearing	(N O F C)
St	Stooping	(N O F C)	TS	Taste/Smelling	(N O F C)
Kn	Kneeling	(N O F C)	NA	Near Acuity	(N O F C)
Co	Crouching	(N O F C)	FA	Far Acuity	(N O F C)
Cw	Crawling	(N O F C)	DP	Depth Perception	(N O F C)
Re	Reaching	(N O F C)	Ac	Accommodation	(N O F C)
Ha	Handling	(N O F C)	CV	Color Vision	(N O F C)
Fi	Fingering	(N O F C)	FV	Field of Vision	(N O F C)

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5. Working Conditions According to the Dictionary of Occupational Titles (DOT). (Circle each item that applies.)

From the "Selected Characteristics of Occupations Defined in the Revised Dictionary of Occupational Titles":

ENVIRONMENTAL CONDITION COMPONENTS (Absence or Presence)
(N) - Not Present: Activity or condition does not exist.
(O) - Occasionally: Activity or condition exist up to 1/3 of the time.
(F) - Frequently: Activity or condition exist from 1/3 to 2/3 of the time.
(C) - Constantly: Activity or condition exist 2/3 or more of the time.

NOISE INTENSITY LEVELS
(1) - Very Quiet: Isolation booth, deep sea diving, forest train.
(2) - Quiet: Library, many private offices, funeral reception, art museum.
(3) - Moderate: Business office where typewriters are used, department stores, light traffic, grocery stores.
(4) - Loud: Can manufacturing department, heavy equipment operations, heavy traffic.
(5) - Very Loud: Rock concert - front row, jack-hammer work, rocket engine testing.

KEYS Environmental Conditions

(We)	Exposure to Weather (N O F C)	MP	Proximity to Moving Mechanical Parts (N O F C)
Co	Extreme Cold (N O F C)	ES	Exposure to Electrical Shock (N O F C)
Ho	Extreme Hot (N O F C)	HE	Work in High, Exposed Places (N O F C)
Hu	Wet and/or Humid (N O F C)	Ra	Exposure to Radiation (N O F C)
No	Noise Intensity Level (N O F C)	Ex	Working with Explosives (N O F C)
Vi	Vibration (N O F C)	TC	Exposure to Toxic or Caustic Chemicals (N O F C)
AC	Atmospheric Conditions (N O F C)	Ot	Other Environmental Conditions (N O F C)

6. Specific Vocational Preparation (SVP) (Circle each item that applies.)

9–Over 10 years
8–4 to 10 years
7–2 to 4 years
6–1 to 2 years
5–6 months–>1 year
4–3 to 6 months
3–30 days to 3 months
(2)–Short Demonstration–30 days
1–Short Demonstration only

How does claimant meet the SVP requirement?

7. Availability

The job is being performed in sufficient numbers to as to make it reasonably available to the claimant within his/her commuting area.

This was confirmed by telephone contact with ***Adam McPherson*** (name),
the State Employment Service Representative in ***Warren, PA***.

Job is available: (FULL-TIME) and/or PART-TIME
(Circle one or both, if applicable.)

Area State Employment Offices and direct employer contact

8. Weekly Wage: ***$7.21/hr.***

9. Source of Wage Data (include date of source): ***Sylvania - Warren, PA***

10. LWEC Specialist/Claims Examiner
Rehabilitation Specialist/Counselor
(Full Signature)
Mary Ellen Jones

11. Date: ***9/12/95***

12. Certificate Number: ***2-993***

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UNIT III

OWCP VOCATIONAL REHABILITATION FORMS

OWCP REHABILITATION FORMS

RCs use the following forms to make requests from and exchange information with the RS:

- Work Capacity Evaluation (Form OWCP-5),
- Rehabilitation Plan and Award (Form OWCP-16),
- Rehabilitation Maintenance Certificate (Form OWCP-17),
- Maintenance Letter to the injured worker (Form OWCP-18),
- Rehabilitation Action Report (Form OWCP-44), and
- Letter of Authorization (Form OWCP-24).

These forms are described below:

Work Capacity Evaluation Form (OWCP-5)

An appropriate version of this form will usually be prepared by the attending physician and describes any physical or medical restrictions that limit the injured worker's activities on the job. The OWCP-5 has three versions, one for musculoskeletal problems, one for cardiological/pulmonary conditions, and one for psychiatric/psychological conditions (copies of all three versions are provided following this text). The appropriate OWCP-5 forms the basis for a vocational rehabilitation plan. Under FECA the RS will forward you the completed form at the time of the initial case referral or will instruct you to obtain a completed OWCP-5. Under LHWCA, you may have to obtain work tolerance limitations independently from the approved physician, and present them to the RS for forwarding to the carrier or employer and claims examiner.

For FECA cases, the approved work tolerance limitations or medical report may be from an independent physician acting as referee or providing a second opinion. If so, you must accept the report as the basis for planning and should not request additional medical information from the attending physician. The initial referral materials forwarded by the RS will tell you whether the physician may be contacted. If not, and if the injured worker's work limitations are not clear, promptly contact the RS for guidance.

In other cases if the form is not available when the case is referred, and you are authorized to contact the designated physician by the referral materials, send Form OWCP-5 to that physician and ask that it be completed, and request a narrative medical report. The form should be completed on the basis of an examination in the last six months. If the injured worker has not seen the attending physician in that period, the worker should be instructed to make an appointment.

If you have not received the form and narrative medical report in two weeks, contact the approved physician and try to expedite the process. In some cases, however, these documents may not be forthcoming at all. You must then contact the RS immediately and recommend ways in which to proceed.

When you do receive the Work Capacity Evaluation form and narrative medical report, send originals to the RS and to the CE in charge of the case.

Copies of OWCP-5 forms follow.

Work Capacity Evaluation
Psychiatric/Psychological Conditions

U.S. Department of Labor
Employment Standards Administration
Office of Workers' Compensation Programs

Injured worker's name (First, middle, last)	OWCP No.	OMB No. 1215-0103 Expires: 09-30-96

Dear Doctor _____ :

Please answer the questions below concerning your patient (named above) for whom the Office of Workers' Compensation Programs (OWCP) has accepted the following conditions: _____

Our Office administers the Federal Employees' Compensation Act (FECA) and the Longshore and Harbor Workers' Compensation Act (LHWCA), which provide workers' compensation payments and medical benefits to employees injured during the performance of duty. The rehabilitation and the return to work of the injured worker are major objectives of our Office. Your assessment will enable OWCP to identify the patient's level of function. We will then attempt to match his or her functional capacity to existing jobs or to recommend the modification of an existing position if necessary. Should you like to discuss these questions or related aspects of the case with OWCP staff please contact _____ on _____.
Thank you for your interest in this case.

In completing this form, you should first consider only those diseases which the Office has accepted as related to employment, as noted above.

- Conditions which are not accepted by our Office, but which, in your opinion, affect the functional capacity of the patient can be mentioned in Item 14. If necessary, additional narration can be appended to this questionnaire.
- If both a work-related and a non-industrial condition affect the ability to perform a task, so specify in Items 1-12.
- In addition, when completing Items 1-12, you should answer affirmatively if the patient can perform the function PARTIALLY, using the space provided to delineate any limits and/or needed accommodations. Only if the patient is not able to perform the function at all should the question be answered in the negative.

QUESTIONS:

Can This Person:	Answer:	Comments:
1. Work in his or her usual workplace?	☐ Yes ☐ No	
2. Communicate clearly with others by telephone?	☐ Yes ☐ No	
3. Communicate clearly with others face to face?	☐ Yes ☐ No	
4. Participate actively in group/team activities?	☐ Yes ☐ No	
5. Cooperate with co-workers?	☐ Yes ☐ No	
6. Respond appropriately to persons in authority?	☐ Yes ☐ No	
7. Interact in a public situation, such as in a hotel or cashier position?	☐ Yes ☐ No	
8. Organize work and complete tasks without supervision?	☐ Yes ☐ No	
9. Organize work and complete tasks with supervision?	☐ Yes ☐ No	
10. Maintain concentration and pace at acceptable levels?	☐ Yes ☐ No	
11. Perform high volume work?	☐ Yes ☐ No	
12. Adapt to stressful work situations, e.g. meetings, deadlines, shifting priorities, changes in routine?	☐ Yes ☐ No	

SEE REVERSE

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13. If the patient is receiving medication(s) for his or her psychiatric condition, are side effects likely? If so, what are the expected signs and symptoms and how will they impact on the patient's ability to work?

14. Please provide any additional psychiatric/psychologic information in this case which may be important for the rehabilitation effort.

15. What is the date of maximum medical improvement?

16. Physician's Name (print or type)

17. Signature

18. Date

Public Burden Statement

We estimate that it will take an average of 40 minutes per response to complete this information collection, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, send them to the Office of IRM Policy, U.S. Department of Labor, Room N1301, 200 Constitution Avenue, N.W., Washington, D.C. 20210; and to the Office of Management and Budget, Paperwork Reduction Project (1215-0103), Washington, D.C. 20503.

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Work Capacity Evaluation
Cardiovascular/Pulmonary Conditions

U.S. Department of Labor
Employment Standards Administration
Office of Workers' Compensation Programs

Injured worker's name (First, middle, last)	OWCP No.	OMB No: 1215-0103 Expires: 09-30-96

Dear Doctor_____:

Please answer the questions below concerning your patient (named above) for whom the Office of Workers' Compensation Programs (OWCP) has accepted the following conditions: _____

_____

Our Office administers the Federal Employees' Compensation Act (FECA) and the Longshore and Harbor Workers' Compensation Act (LHWCA), which provide workers' compensation payments and medical benefits to employees injured during the performance of duty. The rehabilitation and the return to work of the injured worker are major objectives of our Office. Your assessment will enable OWCP to identify the patient's level of function. We will then attempt to match his or her functional capacity to existing jobs or to recommend the modification of an existing position if necessary. Should you like to discuss these questions or related aspects of the case with OWCP staff please contact _____ on _____.
Thank you for your interest in this case.

In completing this form, you should first consider only those diseases which the Office has accepted as related to employment, as noted above.

- Conditions which are not accepted by our Office, but which, in your opinion, affect the functional capacity of the patient can be mentioned in Item 5. If necessary, additional narration can be appended to this questionnaire.
- If both a work-related and a non-industrial condition affect the ability to perform a task, so specify in Items 1-5.
- In addition, when completing Items 1-5, you should answer affirmatively if the patient can perform the function PARTIALLY, using the space provided to delineate any limits and/or needed accommodations. Only if the patient is not able to perform the function at all should the question be answered in the negative.
- The results of clinical tests and/or protocols can be used in this assessment; however, please relate the test results to the physical activities mentioned in the questionnaire. Similarly, if a functional classification is used in the narration, the functional class assigned to the patient must be fully described.

QUESTIONS:

1. Are there limitations in this person's capacity to engage in activities involving strenuous physical exertion such as climbing two or more flights of stairs, running, lifting, carrying heavy weights, etc.? Yes ☐ No ☐
   If so, please detail limitations including specific data such as number of pounds, flights of stairs, etc.: _____

_____

_____

_____

_____

_____

_____

SEE REVERSE

Form OWCP-5b
Rev. Sept 1993

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2. Are there limitations in the patient's ability to perform common physical activities which do not require heavy physical exertion, such as bending, kneeling, squatting, and standing? Yes ☐ No ☐
If so, please detail limitations: _____

3. Has the work injury/condition caused anatomical and/or functional changes in the cardiovascular or respiratory systems that preclude exposure to:

a. temperature extremes Yes ☐ No ☐

b. airborne particles (dust, etc.) Yes ☐ No ☐

c. gases/fumes Yes ☐ No ☐

d. electromagnetic pulses (scanners, radio waves, etc.) Yes ☐ No ☐

4. Can this person work in stressful situations, e.g. high volume work, meeting deadlines, shifting priorities?
Yes ☐ No ☐
Please explain. _____

5. Are there any other medical factors which need to be considered in the identification of a position for this person? Please explain and specify whether these factors are related to the work injury or not. _____

6. What is the date of maximum medical improvement? _____

7. Physician's Name (print or type)

8. Signature | 9. Date

Public Burden Statement

We estimate that it will take an average of 20 minutes per response to complete this information collection, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, send them to the Office of IRM Policy, U.S. Department of Labor, Room N1301, 200 Constitution Avenue, N.W., Washington, D.C. 20210; and to the Office of Management and Budget, Paperwork Reduction Project (1215-0103), Washington, D.C. 20503.

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Work Capacity Evaluation
Musculoskeletal Conditions

U.S. Department of Labor
Employment Standards Administration
Office of Workers' Compensation Programs

Injured worker's name (First, middle, last)	OWCP No.	OMB No: 1215-0103 Expires: 09-30-96

Dear Doctor _____ :

Please answer the questions below concerning your patient (named above) for whom the Office of Workers' Compensation Programs (OWCP) has accepted the following conditions: _____

This Office administers the Federal Employees' Compensation Act (FECA) and the Longshore and Harbor Workers' Compensation Act (LHWCA), which provide workers' compensation payments and medical benefits to employees injured during the performance of duty. The rehabilitation and the return to work of the injured worker are major objectives of our Office. Your assessment will enable OWCP to identify the patient's level of function. We will then attempt to match his or her functional capacity to existing jobs or to recommend the modification of an existing position if necessary. Should you like to discuss these questions or related aspects of the case with OWCP staff please contact _____ on _____.
Thank you for your interest in this case.

In completing this form, you should first consider only those diseases which the Office has accepted as related to employment, as noted above.

- Conditions which are not accepted by our Office, but which, in your opinion, affect the functional capacity of the patient can be mentioned in Item 8. If necessary, additional narration can be appended to this questionnaire.
- If both a work-related and a non-industrial condition affect the ability to perform a task, so specify in Items 1-8.
- In addition, when completing Items 1-8, you should answer affirmatively if the patient can perform the function PARTIALLY, using the space provided to delineate any limits and/or needed accommodations. Only if the patient is not able to perform the function at all should the question be answered in the negative.

QUESTIONS:

1. This patient should limit the following activities

_____
(e.g., kneeling, standing, bending, twisting, reaching, lifting)

2. For those activities which should be limited, indicate applicable restrictions:

_____
(e.g., weight, times per hour, hours per day, minutes per hour)

3. With the above limitations observed, patient may work _____ hours per day.

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4. Are there limitations in the fine motor movements of the upper extremities? Yes ☐ No ☐
If so, please describe: _____

5. Can this patient perform repetitive motions of the wrist? Yes ☐ No ☐

of the elbow? Yes ☐ No ☐

If a limitation is present, please provide the total number of hours per day the motion can be performed and the length of time the activity can be performed before a break is needed. Indicate whether the restrictions apply to one side only or whether they are bilateral.

6. Which of the above-described limitations are due to the employment injury?

Does the patient have any limitations due to pre-existing or non-work-related conditions? If so, please explain.

7. How long do you anticipate these restrictions will apply? _____

8. Are there any other medical factors which need to be considered in the identification of a position for this person? If so, please explain and specify whether or not these factors are related to the work injury.

9. Please provide the date that maximum medical improvement from the work injury was or will be reached.

10. Physician's Name (print or type)

11. Signature	12. Date

Public Burden Statement

We estimate that it will take an average of 20 minutes per response to complete this information collection, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, send them to the Office of IRM Policy, U.S. Department of Labor, Room N1301, 200 Constitution Avenue, N.W., Washington, D.C. 20210; and to the Office of Management and Budget, Paperwork Reduction Project (1215-0103), Washington, D.C. 20503.

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Rehabilitation Plan and Award (OWCP-16)

Samples of this form follow. This form requests authorization for OWCP approved rehabilitation services that were not covered by the original counselor contract. Prepare the Rehabilitation Plan and Award (Form OWCP-16), obtain the injured worker's signature when required, and submit it to the RS for approval at least four weeks before expecting to provide the requested rehabilitation services. The Rehabilitation Plan and Award form may request approval for:

1. Services that will be provided after the two-year initial service period authorized on Form OWCP-35 expires;

2. Service costs that exceed the amounts authorized in the original contract;

3. OWCP-sponsored training plans;

4. OWCP-sponsored self-employment plans;

5. Equipment purchases; and

6. Other non-RC provided services such as testing, intensive counseling or evaluations performed at vocational workshops.

Counselor services already authorized by the Form OWCP-35 should not be included when the Form OWCP-16 is prepared.

Sample OWCP-16 forms follow.

Rehabilitation Plan And Award

U.S. Department of Labor
Employment Standards Administration
Office of Workers' Compensation Programs

INSTRUCTIONS: Complete items 1 through 13 and send to the Division of Rehabilitation. Attach the maintenance request, complete testing or work evaluation information and the justification for the rehabilitation program. No further monies or other benefits may be paid out under this program unless this report is completed and filed as required by existing law and regulations. OWCP exercises discretion to terminate or revise the plan when it becomes evident that the planned conditions will not be met.

OMB No. 1215-0067
Expires: 06-30-96

1. Name of injured worker (First, middle initial, last): Injured Worker
2. Date of birth (Mo., day, yr.): 8/9/45
3. OWCP No.: A16-8320
4. Address (Number, street, city, state, ZIP Code): 20 2nd Street, Dallas, TX 86277
5. Rehabilitation services or program: Training and New Employer Placement
6. Rehabilitation period (Month, day, year): From 9/1/94 to 10/1/95
7. Name and address of rehabilitation facilitator (school, etc.): Your Agency Name and Address / Training Facility and Address
8. Is this the complete plan? ☒ Yes ☐ No - Explain
9. Occupation after rehabilitation program: Elec. Tester 726.281014 Elec. Assemble 726.384-010
10. Estimated yearly earnings after rehabilitation program: $20,000

11. REHABILITATION COST

a. Fees - Specify

Training	$ ____	per ____	x ____	=		
Follow up	$ 50	per hr.	x 9	=	$	450.00
Placement	$ 50	per hr.	x 40	=	$	2000.00
Employed	$ 50	per hr.	x 10	=	$	500.00
Travel/Cler.	$ 25	per hr.	x 30	=	$	750.00
Mileage	20.5	per miles	500	=		

Do not include amounts previously authorized on OWCP-35

b. TOTAL FEE COST: $3700.00

c. Supplies (Books, tools, etc.)

Books/tools	$ 200	per sem	x 2	=	$	400.00
____	$ ____	per ____	x ____	=		

d. TOTAL SUPPLIES COST: $400.00

e. Other costs - Specify

____	$ ____	per ____	x ____	=		
____	$ ____	per ____	x ____	=		
____	$ ____	per ____	x ____	=		
____	$ ____	per ____	x ____	=		

f. TOTAL OTHER COST: $

g. Tuition: $ 1,000 per sem x 2 = $2,000

h. Maintenance: $ ____ per ____ x ____ = $

TOTAL REHABILITATION COST: $6,100

12. INJURED WORKER: I understand and approve of the provisions of this plan of services. I believe this plan will help me to get and keep suitable employment and I will cooperate in every way possible to carry out the plan successfully.
Signature: Injured Worker Date signed: Aug. 7, 1994

13. COUNSELOR RECOMMENDING PLAN: A thorough vocational evaluation was performed and employment may reasonably be expected as a result of the implementation of the rehabilitation plan considering the interest and abilities of the injured worker, the competence of the rehabilitation facilitator, and the nature of the job market.
Signature: Rehabilitation Counselor Date signed: Aug 8, 1994

FOR OWCP DISTRICT OFFICE USE ONLY BELOW THIS SPACE

14. Date of injury	15. Date of referral to OWCP Rehabilitation	16. Date of referral to Rehabilitation Agency	17. Date of maximum medical recovery

18. Was there a previous plan?
☐ No
☐ Yes-Mark (X) one
☐ Successive to previous plan
☐ Change of previous plan - Enter date ____

19. Payment - This award is payable from the fund created by the following compensation law. Mark (X) one.
☐ Federal Employee's Compensation Act
☐ Longshore and Harbor Workers' Compensation Act
☐ District of Columbia Compensation Act

20. RECOMMENDATION OF OWCP REHABILITATION SPECIALIST: The injured worker meets the eligibility requirements for OWCP rehabilitation services. I have reviewed the rehabilitation plan and find it within the interest and ability of the injured worker. The facilitator is competent to provide the services.
Signature ____ Date signed ____

21. APPROVAL OF DISTRICT DIRECTOR: I concur with the OWCP rehabilitation specialist, and hereby award the foregoing benefits for payment (1) for the purpose of providing additional compensation for maintenance and/or (2) for the purpose of providing necessary rehabilitation services in connection with a rehabilitation plan.
Signature ____ Date signed ____

FOR NATIONAL OFFICE USE ONLY

Public Burden Statement

We estimate that it will take an average of 30 minutes to complete this collection of information, including time for reviewing instructions, searchin existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comment regarding these estimates or any other aspect of this collection of information, including suggestions for reducing this burden, send them to the Office o IRM Policy, U.S. Department of Labor, Room N1301, 200 Constitution Avenue, N.W., Washington, D.C. 20210; and to the Office of Management and Budget, Paperwork Reduction Project (1215-0067), Washington, D.C. 20503.

Copy distribution: WHITE - Compensation file; PINK - Dist. R-file; GREEN - Rehab. Agency; CANARY - Injured Worker; GOLDENROD - Longshore Nat'l Ofc.

Form OWCP-16
Rev. May 1995

DO NOT SEND THE COMPLETED FORM TO EITHER OF THESE OFFICES

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* U.S. GPO: 1995-387-196

Rehabilitation Plan And Award

U.S. Department of Labor
Employment Standards Administration
Office of Workers' Compensation Programs

INSTRUCTIONS: Complete items 1 through 13 and send to the Division of Rehabilitation. Attach the maintenance request, complete testing or work evaluation information and the justification for the rehabilitation program. No further monies or other benefits may be paid out under this program unless this report is completed and filed as required by existing law and regulations. OWCP exercises discretion to terminate or revise the plan when it becomes evident that the planned conditions will not be met.

OMB No. 1215-0067
Expires 06-30-96

1. Name of injured worker (First, middle initial, last): Injured Worker
2. Date of birth (Mo., day, yr.): 7/10/48
3. OWCP No: A19-222
4. Address (Number, street, city, state, ZIP Code): Address of injured worker
5. Rehabilitation services or program: On the job training
6. Rehabilitation period (Month, day, year): From 2/5/96 to 8/2/96
7. Name and address of rehabilitation facilitator (school, etc.)
8. Is this the complete plan? ☒ Yes ☐ No - Explain
9. Occupation after rehabilitation program: Secy. 201.362-030 File Clerk 206.387-034
10. Estimated yearly earnings after rehabilitation program: $ $20,000/yr.

11. REHABILITATION COST

a. Fees - Specify

Stipend to	$ 160	per week	x 27	=	$ 4320
	$	per	x	=	
	$	per	x	=	
	$	per	x	=	
	$	per	x	=	

Do not include amounts previously authorized on OWCP-35

b. TOTAL FEE COST: $ 4320

c. Supplies (Books, tools, etc.)

	$	per	x	=	$
	$	per	x	=	

d. TOTAL SUPPLIES COST: $

e. Other costs - Specify

	$	per	x	=	$
	$	per	x	=	
	$	per	x	=	
	$	per	x	=	

f. TOTAL OTHER COST: $

g. Tuition $ ____ per ____ x ____ = $

h. Maintenance $ 35 per wk x 27 = $ 945

TOTAL REHABILITATION COST: $ 5265

12. INJURED WORKER: I understand and approve of the provisions of this plan of services. I believe this plan will help me to get and keep suitable employment and I will cooperate in every way possible to carry out the plan successfully.
Signature: Injured Worker Date signed: 1/15/96

13. COUNSELOR RECOMMENDING PLAN: A thorough vocational evaluation was performed and employment may reasonably be expected as a result of the implementation of the rehabilitation plan considering the interest and abilities of the injured worker, the competence of the rehabilitation facilitator, and the nature of the job market.
Signature: Rehabilitation Counselor Date signed: 1/15/96

FOR OWCP DISTRICT OFFICE USE ONLY BELOW THIS SPACE

14. Date of injury
15. Date of referral to OWCP Rehabilitation
16. Date of referral to Rehabilitation Agency
17. Date of maximum medical recovery

18. Was there a previous plan?
☐ No
☐ Yes-Mark (X) one
☐ Successive to previous plan
☐ Change of previous plan - Enter date ____

19. Payment - This award is payable from the fund created by the following compensation law. Mark (X) one.
☐ Federal Employee's Compensation Act
☐ Longshore and Harbor Workers' Compensation Act
☐ District of Columbia Compensation Act

20. RECOMMENDATION OF OWCP REHABILITATION SPECIALIST: The injured worker meets the eligibility requirements for OWCP rehabilitation services. I have reviewed the rehabilitation plan and find it within the interest and ability of the injured worker. The facilitator is competent to provide the services.
Signature Date signed

21. APPROVAL OF DISTRICT DIRECTOR: I concur with the OWCP rehabilitation specialist, and hereby award the foregoing benefits for payment (1) for the purpose of providing additional compensation for maintenance and/or (2) for the purpose of providing necessary rehabilitation services in connection with a rehabilitation plan.
Signature Date signed

FOR NATIONAL OFFICE USE ONLY

Public Burden Statement

We estimate that it will take an average of 30 minutes to complete this collection of information, including time for reviewing instructions, searchin existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comment regarding these estimates or any other aspect of this collection of information, including suggestions for reducing this burden, send them to the Office o IRM Policy, U.S. Department of Labor, Room N1301, 200 Constitution Avenue, N.W., Washington, D.C. 20210; and to the Office of Management and Budget, Paperwork Reduction Project (1215-0067), Washington, D.C. 20503.

Copy distribution: WHITE - Compensation file; PINK - Dist. R-file; GREEN - Rehab. Agency; CANARY - Injured Worker; GOLDENROD - Longshore Nat'l Ofc.

Form OWCP-16
Rev. May 1995

DO NOT SEND THE COMPLETED FORM TO EITHER OF THESE OFFICES

* U.S. GPO: 1995-387-186

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Rehabilitation Plan Cover Letter (OWCP-23)

A copy is provided on the page following this text. This form contains instructions for completing the Rehabilitation Plan and Award and has a maintenance amount work sheet on the back. The RS may use it as a cover letter transmitting the Rehabilitation Plan and Award form to you. You and the injured worker must complete and sign the maintenance amount work sheet, returning it with the Rehabilitation Plan and Award to the RS for approval whenever a training plan (including extension), job placement plan (including extension), unremunerated OJT, or an extended evaluation plan is submitted and the worker will incur related expenses.

The maintenance amount work sheet will determine the injured worker's maintenance payment, which is calculated using the injured worker's anticipated expenses during the rehabilitation process.

The current program maximum amounts are $46.15/week or $200 per month for injured workers with FECA coverage and $25/week for injured workers with LS coverage. Compute maintenance using a 52-week year, with 13 weeks in each quarter. A flat four-week-per-month formula may lead to incorrect calculations. Make sure that mileage reimbursement calculations are based on the current government rate. (This is currently .31 per mile for cars and .25 for motorcycles.) The RS will have this information available.

Dear Counselor:

Re:
File No.:

Enclosed is the 5-part Form OWCP-16 for your completion and return to me. To assist you in its preparation, an example of the completed form is shown on the back of this letter. It should be signed and dated by you and the injured worker, after checking for accuracy. The signature of the injured worker is needed to insure full awareness of, and willingness for full participation toward the achievement of the rehabilitation goal.

The injured worker is entitled to reimbursement for most of the extra expenses while participating in a rehabilitation effort approved by the Office of Workers' Compensation Programs (OWCP). The appropriate information should be completed in the Maintenance Request, also shown on the reverse side of this letter, and returned by the injured worker with the Form OWCP-16. Information concerning the maintenance allowance will be sent directly to the injured worker.

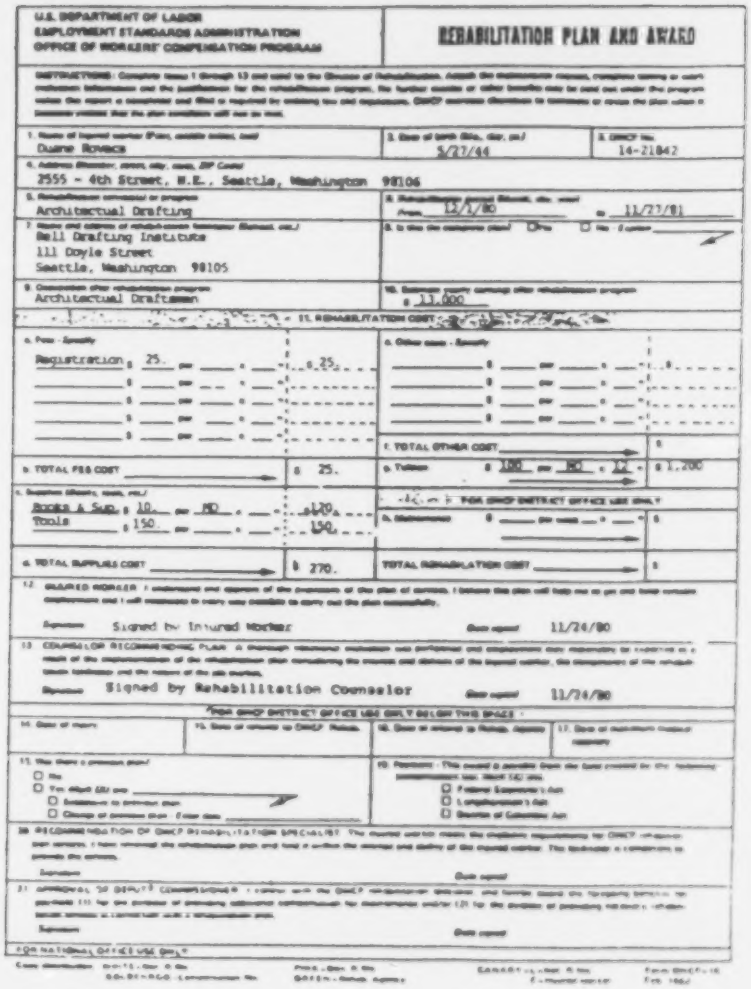
A copy of Form OWCP-16 will be returned to you if the plan is approved by our office. Your plan cannot be approved without an accompanying justification, with the results of thorough vocational testing and evaluation, and maintenance request for training programs.

Maintenance allowance will be paid to the injured worker every four weeks, provided a minimum of average progress and attendance is maintained. The rehabilitation facility is required to provide us with monthly progress reports if they do not report by semester.

Sincerely,

Division of Vocational Rehabilitation

Enclosure



U.S. DEPARTMENT OF LABOR
EMPLOYMENT STANDARDS ADMINISTRATION
OFFICE OF WORKERS' COMPENSATION PROGRAMS

REHABILITATION PLAN AND AWARD

INSTRUCTIONS: Complete items 1 through 13 and send to the Division of Rehabilitation. Attach the medical reports, completed testing or work evaluation information and the justification for the rehabilitation program. No further medical or other benefits may be paid out under the program unless the report is completed and filed as required by existing law and regulations. OWCP expressly disclaims its agreement or consent to the plan unless a statement exists that the plan condition will not be met.

1. Name of injured worker (First, middle initial, last): Duane Romack
2. Date of birth (Mo., day, yr.): 5/27/44
3. OWCP No.: 14-21842
4. Address (Number, street, city, state, ZIP Code): 2555 - 4th Street, N.E., Seattle, Washington 98106
5. Rehabilitation contractor or program: Architectual Drafting
6. Rehabilitation period (Month, day, year): From 12/1/80 to 11/27/81
7. Name and address of rehabilitation facilitator (School, etc.): Bell Drafting Institute, 111 Doyle Street, Seattle, Washington 98105
8. Is this the employee's: ☐ Home ☐ Job ☐ Other
9. Occupation after rehabilitation program: Architectual Draftsmen
10. Estimated yearly earnings after rehabilitation program: $ 13,000

11. REHABILITATION COST:

a. Fees - Specify

Registration	$ 25.	per		$ 25.

b. TOTAL FEE COST $ 25.

c. Supplies (Books, tools, etc.)

Books & Sup.	$ 10.	per MO		$ 120.
Tools	$ 150.	per		$ 150.

d. TOTAL SUPPLIES COST $ 270.

e. Other costs - Specify

Tuition	$ 100.	per MO	12	$ 1,200

f. TOTAL OTHER COST $

g. TOTAL REHABILITATION COST $

12. INSURED WORKER: I understand and approve of the provisions of this plan of service. I believe this plan will help me to get and keep suitable employment and I will cooperate to carry out the plan successfully.
Signature: Signed by Injured Worker Date signed: 11/24/80

13. COUNSELOR RECOMMENDING PLAN: A thorough vocational evaluation was performed and employment data reasonably to expected as a result of the implementation of the rehabilitation plan considering the interest and abilities of the injured worker, the employment of the workplace and the nature of the job market.
Signature: Signed by Rehabilitation Counselor Date signed: 11/24/80

FOR OWCP DISTRICT OFFICE USE ONLY BELOW THIS SPACE

14. Date of report
15. Date of referral to OWCP, Portland
16. Date of referral to Portland Regional Office
17. Date of rehabilitation counselor's report

18. Previous plan?
☐ No
☐ Yes What did you
☐ Amendment to previous plan
☐ Change of previous plan If new date

19. Decision - This award is payable from the date covered by the following compensation law, check (x) one.
☐ Federal Employees' Act
☐ Longshoremen's Act
☐ Section of Columbian Act

20. RECOMMENDATION OF OWCP REHABILITATION SPECIALIST: The counselor and/or meets the eligibility requirements for OWCP rehabilitation services. I have reviewed the rehabilitation plan and find it within the interest and ability of the injured worker. This facilitator is competent to provide the services.
Signature: Date signed:

21. APPROVAL TO DEFRAY COMPENSATION: I concur with the OWCP rehabilitation specialist and further award the following benefits for the purposes (1) for the purpose of providing additional compensation for maintenance and/or (2) for the purpose of providing necessary rehabilitation services in connection with a rehabilitation plan.
Signature: Date signed:

FOR NATIONAL OFFICE USE ONLY

Case identification: Form CA-[illegible] Date of injury: [illegible] Case assigned to: [illegible] Form OWCP-16 Feb 1980

Maintenance Request

1. Transportation: $_____ total per week.
   a. Bus: $_____ per roundtrip x _____ days per week.
   b. Personal Automobile: ___¢ per mile x ___ miles per roundtrip _____ per day x ___ days a week (justify below). *
   c. Other: (Specify here and justify below) _____.
2. Lunch: $_____ total per week.
   I am required to remain at the rehabilitation facility during the day.
   I request $_____ per day x ___ days a week.
3. Other Expenses: (Specify and justify below): $_____ total per week _____ at $_____ per day x ___ days per week.
4. Total maintenance per week requested $_____. **
5. Justification: _____

_____ _____ _____ _____
Signature of Injured Worker Date Signature of Rehabilitation Counselor Date

* The Government Services Administration allows _____¢ per mile for the use of a personal automobile.

** The law allows a maximum of $_____ per week for maintenance.

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Letter of Authorization to Provide Vocational Rehabilitation Services (OWCP-24)

A copy of this form is provided following this text. This form authorizes vendors to provide rehabilitation services to injured workers under the OWCP rehabilitation program. A separate Letter of Authorization to Provide Vocational Rehabilitation Services (Form OWCP-24) is required for each vendor. For example, if an injured worker attends a college and need books from a bookstore not operated by the college, one OWCP-24 is needed for the college and another for the bookstore. Complete an original and two copies for each vendor and submit them to the RS with a completed Form OWCP-16 for approval at least four weeks before the anticipated service start date.

The Letter of Authorization to Provide Vocational Rehabilitation Services limits services to a specific time, or "program," period. This time period will correspond to the rehabilitation plan's beginning and ending dates that you enter on the Rehabilitation Plan and Award.

The letter contains billing instructions for the vendor.

U.S. Department of Labor

Employment Standards Administration
Office of Workers' Compensation Programs

Injured Worker				
Address				
OWCP/Purchase Order No.				
Rehabilitation Service(s)				
Program Period				
Cost Authorized				
For	$	per	X	=$
For	$	per	X	=$
For	$	per	X	=$
For	$	per	X	=$
For	$	per	X	=$

The Office of Workers' Compensation Programs (OWCP) authorizes your facility to provide the ini worker the rehabilitation services described above. Your charges are not to exceed the authc costs. Please feel free to contact me at the above address or number if you have questions or additional information.

The following is required when billing OWCP:

1. Include the injured worker's name, OWCP/purchase order number and bill date.
2. List the dates, types and cost of each service or item provided on the bill.
3. Include itemized receipts signed by the injured worker for tools, books and supplir for the program.
4. Include your Federal tax, employer identification or social security number and ir the injured worker receives a grant, scholarship or stipend.
5. Submit separate bills for each injured worker.
6. Send bills monthly, unless you bill by semester.
7. Note that we are exempt from paying tax.

Do the following with the bill for each checked item:

___ 8. Mail the original after writing the words "PROMPT PAYMENT" on the envelop address: Office of Workers' Compensation Programs, _____

___ 9. Mail the original and a copy to the address in item 8.

___10. Mail a copy after printing the word "COPY" on the bill and report to my at address at the top of this letter.

___11. Enclose a progress report with both the original bill and copy of the bill. Place the bill on top of the report.

Sincerely,

Vocational Rehabilitation Specialist

Copy Distribution: White-Rehab Facility, Yellow-Injured Worker, Pink-Comp

☆ U.S. GOVERNMENT PRINTING OFFICE: 1982 – 342-633/6808

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OWCP-24 (WP Letter)

U.S. Department of Labor

Employment Standards Administration
Office of Workers' Compensation Programs
Division of Federal Employees' Compensation
1100 L Street N.W., Room 5404
Washington D.C. 20210

File Number:
Employee:

SCHOOL

Rehabilitation Service(s)
Service Period:
Service Costs Authorized:

Total Cost:

Dear SIR/MADAM:

The Office of Worker's Compensation Programs (OWCP) authorizes your facility to provide the rehabilitation services described above. Your charges are not to exceed the authorized costs. Please feel free to contact me at:

U. S. DEPARTMENT OF LABOR - OWCP
ATTN: REHABILITATION SPECIALIST

or if you have questions or need additional information. The OWCP will pay you within 45 days of receiving a proper bill (with a report when applicable).

Please do the following when billing OWCP:

1. Include the employee's name, OWCP/purchase order number, file number and bill date.

OWCP24-0188 Page 1

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OWCP-24

File Number:
Employee:

2. List the dates, types and cost of each service or item provided on the bill.

3. Include itemized receipts signed by the injured worker for tools, books and supplies required for the program.

4. Include your Federal tax, employer identification or social security number and inform us if the injured worker receives a grant, scholarship or stipend.

5. Submit separate bills for each injured worker.

6. Send bills monthly, unless you bill by semester.

7. Note that we are exempt from paying tax.

Do the following with the bill for each checked item:

--- 8. Mail the original after writing the words "PROMPT PAYMENT" on the envelope to the following address:

REHABILITATION PAYMENT ADDRESS

--- 9. Mail the original and a copy to the address in item 8.

---10. Mail a copy after printing the word "COPY" on the bill and report to my attention at the address on the preceding page.

---11. Enclose a progress report with both the original bill and copy of the bill. Place the bill on top of the report.

Sincerely,

Vocational Rehabilitation Specialist

OWCP24-0188 Page 2

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Maintenance Letter to the Injured Worker (OWCP-18)

The Maintenance Letter to the Injured Worker (Form OWCP-18) describes the injured worker's rehabilitation plan. It includes the name of the rehabilitation facility or training institution, the plan's beginning and ending dates, attendance and progress requirements and the maximum weekly maintenance payment amount. The RC completes this form and submits it to the RS for an authorizing signature. The signed form should be included when sending the Rehabilitation Maintenance Certificate for the first 28-day maintenance period to the injured worker.

Rehabilitation Maintenance Certificate (OWCP-17)

A copy of the Rehabilitation Maintenance Certificate(Form OWCP-17) is provided following this text. This form requests maintenance payments for any expenses that the injured worker incurs as a result of participating in an approved rehabilitation plan. You and the injured worker each complete part of the form, an official of the rehabilitation facility or training institution verifies the injured worker's attendance, and you submit the form to the RS after each 28-day period of approved rehabilitation activities.

You must prepare your portion of the form and send it, along with a self-addressed stamped envelope, to the injured worker at the end of each 28-day maintenance period.

The injured worker will complete his or her section of the form and deliver it to the rehabilitation facility or training institution, along with the self-addressed stamped envelope, for attendance verification.

The rehabilitation facility or training institution will sign the form to verify attendance and return it to you, using the self-addressed stamped envelope.

Rehabilitation Maintenance Certificate

U. S. Department of Labor
Employment Standards Administration
Office of Workers' Compensation Programs

No monies or benefits can be paid under this program unless this report is completed and filed as requested by law (5 U.S.C. 8111;33 U.S.C. 901 as extended and amended). The information collected will be handled and stored in compliance with the Freedom of Information Act, Privacy Act of 1974 and OMB Cir. No. 180. Disclosure of a Social Security number is voluntary. The failure to disclose such number will not result in the denial of any right, benefit or privilege to which you may be entitled. However, the Social Security number does expedite the efficient processing of your direct reimbursement.

OMB No. 1215-0161
Expires: 10/31/95

1. Name of Injured Worker (First, middle initial, last)	2. OWCP No.	3. Social Security Number (optional)

4. Maintenance Payment Per Week.	5. Maintenance Pay Period (Month, day, year)	6. Appropriate Act (Mark X)
$	From Thru	☐ Federal Employees' Compensation Act ☐ Longshore and Harbor Workers' Compensation Act ☐ District of Columbia Compensation Act

INJURED WORKER

PLEASE READ CAREFULLY - Submit both copies of this two part form to the Rehabilitation Specialist in the District Office. Complete items 7 thru 9, typing, or printing clearly with a ball point pen; then sign your name legibly in item 10. Next have an official at your facility certify your statement by completing items 11 thru 13.

7. Days Absent From Program (Month, day, year)	8. Reason For Absence(s)

9. Complete Mailing Address (No., st., city, state, ZIP Code)

10. **INJURED WORKER:** I certify that I participated in my rehabilitation program, as prescribed by the Office of Workers' Compensation Programs, and hereby request a maintenance payment for the above period.

Signature Date Signed

FACILITY OFFICIAL

11. Name	12. Title

13. **FACILITY OFFICIAL:** I certify that the above statement in item 7 is true.

Signature Date Signed

OWCP REHABILITATION SPECIALIST or REHABILITATION COUNSELOR

14. REMARKS:

15. Amount Approved	16. District Office No.
$	

17. **OWCP REHABILITATION SPECIALIST or REHABILITATION COUNSELOR:**
I recommend the amount approved be paid to the injured worker.

Signature Date Signed

FOR OWCP USE ONLY

Public Burden Statement

We estimate that it will take an average of 10 minutes to complete this collection of information, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection of information, including suggestions for reducing this burden, send them to the Office of IRM Policy, U.S. Department of Labor, Room N1301, 200 Constitution Avenue, N.W., Washington, D.C. 20210; and to the Office of Management and Budget, Paperwork Reduction Project (1215-0161), Washington, D.C. 20503.

DO NOT SEND THE COMPLETED FORM TO EITHER OF THESE OFFICES

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Form OWCP-17
Rev. Sept 1993

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You may calculate and approve the maintenance payment amount, based upon the injured worker's attendance record, and submit the original and one copy to the RS. The RS or RC completes sections 14-18.

- Payment is authorized for:
- up to five excused absences (illness, personal business);
- all regularly scheduled holidays and facility or training institution vacation periods;
- between-session breaks of up to ten days; and
- emergency closings of up to 10 days in each 28-day maintenance cycle.

If the injured worker exceeds the number of authorized absences, you must reduce the maintenance payment by determining the daily maintenance rate, multiplying that figure by the number of excessive absences, and subtracting the result from the authorized maintenance amount.

Rehabilitation Action Report (OWCP-44)

A copy of the Rehabilitation Action Report (OWCP-44) is provided following this text. Use the Rehabilitation Action Report to communicate with the RS and CE about specific problems which require action by OWCP. In most instances where this report is used, you should also telephone the RS to offer suggestions and develop short range solutions. The report is used by OWCP to trigger prompt claims examiner action when certain issues arise, and ensure that the rehabilitation plan is not delayed. A Rehabilitation Action Report must be sent within two work days if:

1. The injured worker fails to appear at a scheduled meeting, fails to carry out agreed-upon actions or otherwise obstructs rehabilitation efforts.
2. The agency is causing unnecessary delays in an otherwise viable reemployment effort.

3. The medical situation appears to have changed significantly or the injured worker alleges that it has, delaying rehabilitation progress.

4. A job offer is made, refused or accepted.

5. If action is required by CE or RS.

Rehabilitation Action Report

U. S. Department of Labor
Employment Standards Administration
Office of Workers' Compensation Programs

No monies or benefits can be paid under this program unless this report is completed and filed as requested by law (5 U.S.C. 8111;33 U.S.C. 901 as extended and amended). The information collected will be handled and stored in compliance with the Freedom of Information Act, Privacy Act of 1974 and OMB Cir. No. 180. Disclosure of a Social Security number is voluntary. The failure to disclose such number will not result in the denial of any right, benefit or privilege to which you may be entitled. However, the Social Security number does expedite the efficient processing of your direct reimbursement.

OMB No. 1215-018
Expires: 07/31/96

1. Name of Injured Worker (First, middle initial, last)	2. OWCP File Number	3. Date Wage Loss Began

4. Date Rehabilitation Case Opened	5. Current Rehabilitation Status	6. Date Rehabilitation Status Began

7. Action Item (Documents describing each item are attached or complete information regarding each item is provided under #8)

- ☐ Job Offered, Description Attached (J).
- ☐ Change in Medical Status (M).
- ☐ Job Accepted / RTW (A).
- ☐ Claimant Obstruction: claimant does not appear at scheduled meetings, fails to carry out agreed upon actions (0).
- ☐ Job Refused (R).

8. Comments

9. RC's Name (Please print)	10. Certification Number	11. Date

12. Attachments

Public Burden Statement

We estimate that it will take an average of 15 minutes to complete this collection of information, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection of information, including suggestions for reducing this burden, send them to the Office of IRM Policy, U.S. Department of Labor, Room N1301, 200 Constitution Avenue, N.W., Washington, D.C. 20210; and to the Office of Management and Budget, Paperwork Reduction Project (1215-0181), Washington, D.C. 20503.

DO NOT SEND THE COMPLETED FORM TO EITHER OF THESE OFFICES

Copy Distribution: **Blue - OWCP Comp File**
White - Rehabilitation Specialist

Form OWCP-44
Rev. Dec 1993

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UNIT IV

OWCP REHABILITATION REPORTS

Progress Reports

Use the progress report to communicate with the RS about a rehabilitation plan. The initial report is due in the district office no later than 15 days after the end of the first month of service, regardless of status. Thereafter, reports are due monthly or bimonthly (as required by the RS, based on regional policy) in the district no later than 15 days after the service period ends. The original is sent to the bill authorizer (according to the regional practice) and one copy is sent to the RS. You must file a report even when there is no rehabilitation activity during the service period.

The narrative should be objective, concise and professional in tone, without technical jargon or specialized terminology.

Reports should build on one another as the rehabilitation effort proceeds, avoiding repetition and focusing on new information from one service period to the next.

Progress reports must contain a description of short and long range goals for the injured worker which are in accord with the overall rehabilitation plan. They must also contain tentative timetables for achieving these goals.

Reports of job offers from previous employers to injured workers with FECA coverage must include the job title, position description, specific job duties, salary or wages, work schedule, the job's physical requirements, and any job modifications that the employer makes to accommodate the injured worker's physical capacities.

Reports of job offers from employers to LHWCA injured workers should include the job title, salary or wages, work schedule and. whenever possible, the job description.

The Report Format

OWCP has developed a standard RC report format. It incorporates all of the elements that OWCP uses to evaluate the effectiveness of a rehabilitation program and makes the RS's review and analysis task easier.

1. Identifying Information. This section contains your name, address and telephone number, injured worker's name, OWCP number and address, and the service period (the beginning and ending dates of the monthly or bi-monthly reporting period).

2. Rehabilitation Status. This section contains the case rehabilitation status: Plan Development; Placement, Previous Employer; Placement, New Employer; Training; Self-Employed; Interrupted, etc.

3. Actions/Responses Required. This section is completed if you are submitting a plan for approval, requesting a change or extension of status, reporting non-cooperation on the injured worker's part, or reporting a job offer. It highlights the fact that a response or authorization is needed promptly from the RS (or CE).

4. Summary of Contacts. This section contains a concise chronological summary of your significant contact activities with the injured worker, potential employers or any other interested party during the service period. Each contact description in the summary should be brief and need not be in narrative form. It must, however, include the date of contact, identity of the party or parties, information relevant to the rehabilitation process, and the amount of professional time expended.

All contacts, regardless of length, should be reported.

List the following kinds of contacts separately regardless of their duration:

a) Summarize all job interviews and indicate the Dictionary of Occupational Titles (DOT) job title and job number;

b) Summarize all job offers and indicate whether the job duties fall within the injured worker's limitations; and

c) List all contacts with potential employers and indicate the employer's name and address, the type of contact (telephone or visit) and the result.

The following examples of contact summary entries are provided as a guideline.

- 6/4/90 Met with Mr. Smith to review and edit job resume. The resume looks good and Mr. Smith appears eager to return to work. .75 hours.

- 6/5/90 Met with Mr. Smith and Ms. Greg of Price's Heating and Air Conditioning Co., Arlington, Va. They have an opening for a salesperson (DOT. #271.357-010) with Mr. Smith's experience. Salary: $6-$7/hour. Job requires some lifting of supplies. Job offer contingent on medical clearance. Ms. Greg provided copy of job description. 1.5 hours.

- 6/5/90 Call to RS. RS intervened with CE who gave permission to call Dr. Jacob. Discussed job requirements re: Mr. Smith's work restrictions. Dr. Jacob advised Mr. Smith should not have a problem with job. .10 hours.

5. Progress Delays/Actions Taken. This section contains a brief summary of any problems that are impeding rehabilitation progress and a description of any action you take to resolve them. (The section should not repeat information reported elsewhere.) You must, however, call the RS and make recommendations for corrective action at the time a problem arises. Problem resolution is a joint venture between you and the RS; the RS will guide and advise you as the problem is resolved. (For some problems requiring FECA CE attention, a Rehabilitation Action Report [Form OWCP-44] is required; see Unit III.)

6. Probability of Success. In this section, report any changes in or new information related to the probability that the injured worker will successfully complete the rehabilitation plan. You may report "No Change" when the probability remains the same as it was after the previous reporting period.

7. Short and Long Term Goals. This section details the short and long term rehabilitation goals which are in accord with the overall plan, assigns time frames for their completion, and briefly summarizes the vocational activities you have planned for the next reporting period in order to achieve these goals.

8. Justifications. In this section, give reasons and explanations for any new recommendations, such as a change in the short or long range goal, direction or status of a rehabilitation plan, and for time and funding increases that exceed the original plan allowances. Any plan change or time or funding increase is subject to RS approval. A change to Placement, New Employer or Training must have written approval from the RS.

   a. Certain plan changes require specific information. Justifications for a status change to "Placement, New Employer" or "Training" must include:

      (1) a vocational evaluation;

      (2) a testing report (unless the RS waives for placement);

      (3) DOT titles and numbers for at least two jobs;

      (4) job salaries;

      (5) a revised rehabilitation plan;

      (6) a written statement from you that the proposed jobs are reasonably available and accessible to the injured worker, giving the basis for that judgement;

      (7) descriptions of the jobs' physical requirements **from the DOT**; and

      (8) a written statement that the jobs accommodate the injured worker's physical limitations.

   b. If you recommend closure without completing the rehabilitation plan, the reasons justifying the recommendation must be given in this section. You may recommend closure because the job market, the injured worker's medical condition, or his or her refusal to cooperate in the rehabilitation effort precludes successful rehabilitation. If you recommend closure before testing is completed, or when testing indicates placement is possible, reasons must be given in this section.

8. Justifications, continued

c. When the vocational evaluation and local job market survey indicate that the injured worker is employable, the written justification for closure must include:

(1) the reason for the closure recommendation;

(2) DOT titles and numbers for at least two jobs that are medically suitable and reasonably available in the commuting area;

(3) the job salaries;

(4) a statement that the jobs are reasonably available in the commuting area;

(5) a description of the jobs' physical demands;

(6) a statement explaining how the injured worker meets the Specific Vocational Preparation (SVP) requirements for each job; and

(7) a statement as to the source of this job information. For FECA cases, make a separate statement concerning the source of job information. Mention of local employer contacts in previous portions of the report does not satisfy this requirement. (See suggested format in the appendix.)

Note that wage data may not be based on employment where earnings are limited to gratuities, "sheltered workshop" employment, casual employment, "commission only" employment, employment requiring a license the injured worker does not currently possess, government employment (those positions requiring a civil service examination), or rare or unusual employment that is not reasonably available in the wage-earning capacity calculation.

8. Justifications, continued

d. If you recommend purchase of equipment for the injured worker to support the rehabilitation plan, the justification for purchase must be given in this section. Whether purchase or rental is more cost-effective must be considered. Request approval from the RS for equipment purchases with the Rehabilitation Plan and Award, Form OWCP-16, and the Letter of Authorization to Provide Vocational Rehabilitation Services, Form OWCP-24. Also solicit quotations on approved equipment purchases:

(1) When the total price is less than $1,000 you may solicit quotations and purchase without a competitive bidding procedure.

(2) When the total price ranges between $1,000 and $10,000, consult the RS. For purchases under $10,000, the government may have a contractual mechanism in place, otherwise quotations must be solicited from three vendors. For purchases of $10,000 or more, the RS will consult the DD to ensure that Federal Acquisition Regulations are followed.

You should also:

(3) Explain in writing in this section the reasons why the equipment is necessary. If you obtained quotations, the report should state why the proposed vendor is recommended (particularly when that vendor did not present the lowest bid); the names and addresses of all vendors who bid on the purchase; the quotation amounts from these vendors; and the date that any telephone quotations were received.

(4) Establish equipment ownership and report equipment delivery in this section of the progress report. Items remain the property of OWCP until the rehabilitation program is completed and the injured worker is reemployed. At that time, if the worker needs the equipment to remain employed, it may become the worker's property. When the equipment is delivered, indicate the date of delivery and the equipment's physical location in the justification section of the next progress report.

9. Rehabilitation Costs: This section contains the rehabilitation costs incurred in the following format:

$___FOR CURRENT STATUS. $___TOTAL COSTS TO DATE.

10. Professional Hours: This section contains the number of professional hours used in the following format:

___FOR CURRENT STATUS. ___TOTAL HOURS TO DATE.

11. Signature: This section contains the RC's signature and OWCP certification number in the following format:

COUNSELOR'S NAME _____

OWCP CERTIFICATION NUMBER _____

UNIT V

REHABILITATION BILLS AND BILLING

OWCP BILLS

The Prompt Payment Act requires OWCP to pay bills for authorized rehabilitation services within 30 days of receipt. A bill which is judged to be non-payable must be returned within seven days. OWCP has, therefore, developed a standard format for bills that simplifies processing and expedites payment. All RC bills for services must include the following items (as appropriate) and must never show that you advanced funds to the injured worker for an expense without the RS's approval. These will be returned unpaid Even though the RS may approve an advance of funds to an IW, you should not submit this as a bill to OWCP. Since OWCP can pay expenses such as maintenance and travel only to the IW, you must seek repayment for any advances from the IW. Likewise, do not not bill for amounts in excess of those approved, without the written approval of the RS.

1. Identifying Information. This consists of the payee's name and address; the injured worker's name and address; the current rehabilitation status code: the billing date; the OWCP purchase or case number; and the payee's Federal Tax Identification Number, Employer Identification or Social Security number.

2. A Listing of Authorized Services for Each Rehabilitation Program. This consists of the date, type, and cost of each service listed in chronological order on the bill.

On the following page are OWCP authorized rehabilitation services.

Service	Rate
Injured worker counseling	Professional
New employer contact	Professional
Report writing (drafting)	Professional
Other contact	Professional
Testing	Professional/Actual
Clerical work	Non-professional
Travel (Not to exceed 8 hours if it involves an overnight trip for OWCP)	Non-professional
Waiting (Not to exceed 30 minutes)	Non-professional
Telephone (Long distance)	Actual costs
Mileage	Current GSA rate (supplied by RS)
Supplies (for the injured worker)	Actual costs
Tuition	Amount authorized
Books	Amount authorized
Fees	Amount authorized

You must get approval for your professional rate from the RS. The non-professional rate cannot exceed one-half of the approved professional rate.

Time charges must reflect the actual amount of time it took to provide the service to the nearest tenth of an hour. The following table converts minutes into hour equivalents.

Minutes	Hour Equivalent
6	.1
12	.2
18	.3
24	.4
30	.5
36	.6
42	.7
48	.8
54	.9
60	1.0

Do not bill for attempted telephone contacts, local telephone calls or file reviews. Sales tax should only be billed when it is reimbursable to the injured worker.

Prorate all bills that involve more than one injured worker.

3. Itemized receipts. These consist of receipts for tools, books and supplies. You must obtain the injured worker's signature on the itemized receipts before billing OWCP.

4. The case's current rehabilitation status. This consists of the injured worker's current case rehabilitation status (see Unit II) written in the upper right portion of the bill.

5. A current progress report: All bills must accompany a current progress report.

6. Your signature and OWCP certification number.

Billing Procedures

Billing periods correspond to the progress report service periods (either one or two months: see Unit IV) and never overlap from one calendar year to the next. A bill must not contain charges for services that fall outside the billing period or for unpaid balances from prior billing periods, including charges for long distance telephone calls. Submit the bill with the progress report. OWCP will not accept bills that arrive without progress reports.

At the end of the billing period, prepare a bill (copy provided at the end of this text) for each injured worker in duplicate.

The duplicate bill and a copy of the progress report should be marked with the word "COPY," the envelope should be marked with "Do Not Open in Mailroom," and the package should be sent to the RS to be received no later than 15 days after the service period ends. (The first 30 day report is due on the 45th day from the date the case was received.)

The original bill should be attached to the top of the original progress report, the envelope should be marked "Prompt Payment," and the package should be sent to the OWCP bill paying section.

Addresses for Bill Submissions to the Office of Workers' Compensation Programs.

1. Original Bill and Report.

LHWCA INJURED WORKERS	FECA INJURED WORKERS
(District Office ____)	(District Office ____)

2. Duplicate Bill and Report (Including Originals of any Forms OWCP-16 or OWCP-24).

LHWCA INJURED WORKERS	FECA INJURED WORKERS
(District Office ____)	(District Office ____)

VOCATIONAL REHABILITATION BILL

PAYABLE TO	INJURED WORKER
NAME	NAME (First, Middle Initial, Last)
Federal tax ID No	OWCP No
Address (Number, state, city, ZIP)	Address (Number, state, city, ZIP)
	STATUS:
DATE OF BILL	PAGE OF PAGES

SERVICES		EXPENSES			
DATE	Authorized Activity	Professional	Non-Prof.	Mileage	OTHER
TOTAL UNITS					
UNIT CHARGE					
SUB-TOTALS					
TOTAL DUE					

VOCATIONAL REHABILITATION COUNSELOR CERTIFICATION

I certify that the expenses described were rendered and necessary, and the expense information is true, accurate and complete.

Name	OWCP Certification No	Signature	Date

UNIT VI

OWCP CONTRACTUAL REQUIREMENTS

Rehabilitation Counselor Agreement with OWCP (OWCP-36)

A copy of the OWCP-36 follows.

Rehabilitation Counselor Agreement With OWCP

U.S. Department of Labor
Employment Standards Administration
Office of Workers' Compensation Programs

Standards

I agree with the seventeen OWCP standards listed below. I understand that my certification to receive referrals from OWCP will be terminated if I do not comply with these standards.

1. Accept a new referral from OWCP only when I can provide the quality, quantity and timeliness of services established by the OWCP Guidelines.

2. Contact only those interested parties specified by OWCP.

3. Actively provide rehabilitation services with the injured worker in an uninterrupted and timely manner. This will result in the injured worker being either:
   - identified as infeasible and the case closed at the earliest practicable time; or
   - receiving services that will ultimately result in placement.

4. Suspend services and contact the OWCP rehabilitation specialist by telephone immediately to provide alternative recommendations and for guidance, when a problem develops that interrupts the rehabilitation process. Problems include failure to participate, failure to respond, lost contact, not interested, unrealistic plan, medical exacerbation, etc.

5. Provide the required testing and evaluation before developing a rehabilitation plan with the injured worker.

6. Thoroughly analyze and develop a rehabilitation plan on the following bases:
   - Injured Worker's active participation and agreement.
   - Injured Worker's medical and work capacities.
   - Injured Worker's vocational test results (when required).
   - Previous employer's available jobs (as a first consideration).
   - Jobs that are reasonably available.
   - Training plans that are short term (two year limits).
   - Community Resources that are available and that are fully used.
   - OWCP's and related systems' needs and functions (are understood and integrated).

7. Contact all prospective employers prior to sending the injured worker for a job interview, to establish that: the job is within the physical, emotional, intellectual, financial, and social capacities of the injured worker; and there is realistic potential for placement.

8. Identify and deal with potential problems and report these timely to the rehabilitation specialist.

9. Only make commitments based on the written approval of the rehabilitation specialist.

10. Be responsive to the direction of the rehabilitation specialist.

11. Complete services within the prescribed and authorized time frames and professional hours.

12. Submit a written report no more than 15 days from the end of each reporting period (monthly or bi-monthly) service is provided.

13. Submit bills for each reporting period, that contain the date, types of authorized services, time for each service, and cost of each service provided each day during the service period. Bills will be accurate, complete and with the time frames, format and costs authorized, rounded off to a maximum of a tenth of an hour. Submit a report with each bill. Non-professional time will be half the rate for professional time.

14. Send bills and reports that reflect services actually provided.

** 15. For purposes of the Privacy Act of 1974 (PA) I am considered an employee of OWCP, and must maintain the confidentiality of records and comply with all other requirements of the PA, and agency rules issued under the PA. (Immediate termination by OWCP will be the result, and I may be subject to civil or criminal penalties of the PA.)

** 16. Not falsify any documents developed in connection with OWCP work (immediate termination by OWCP will be the result and if OWCP payments were made, I may be subject to prosecution under Federal or State Law).

** 17. I understand that this contract may be terminated by written notice if it is determined that I offered or gave a gratuity to a government officer to obtain favorable treatment, or accepted a gratuity in exchange for favorable treatment to a provider in the performance of work under this agreement. I agree to notify the Rehabilitation Specialist in writing immediately of any conflict of interest or appearance of conflict of interest, including financial relationships with other OWCP contractors or providers of rehabilitation services.

Rehabilitation Counselor

18. Rehabilitation Counselor. This agreement is subject to 48 CFR 52.249-8 for default and 48 CFR 52.233-1 for disputes.

Signature | Date

19. Name (Print - first, middle, last)	20. Agency	21. Certification Number

22. Home Address (Number, street, city, state, Zip code)

Copy Distribution: White - RC **Yellow - Dist. RC File** Form OWCP-36 Rev. Mar 1995

BEST COPY AVAILABLE

U.S. Department of Labor

Employment Standards Administration
Office of Workers' Compensation Programs
Washington, D.C. 20210

File Number:

March 12, 1996 DPPS Notice No. 5

NOTICE TO ALL REHABILITATION COUNSELORS PROVIDING SERVICES FOR THE OFFICE OF WORKERS' COMPENSATION PROGRAMS

SUBJECT: Principles of Ethical Conduct

In signing the OWCP Rehabilitation Counselor contract, you are agreeing to the provision in item 17 to avoid conflicts of financial interest. Item 17 provides in part that you must report conflicts of interest or apparent conflicts to the Rehabilitation Specialist in writing.

This Notice gives additional guidance on the conflict of interest provision of your contract.

The ethics rules and laws which apply to United States government employment may also apply to Rehabilitation Counselors performing services for the Office of Workers' Compensation Programs. The regulation regarding ethical conduct of employees which may apply to you are found at 5 CFR 2635 and 18 USC 208.

This includes the general prohibition against accepting gifts from people or organizations affected by your performance of duties for the government, and against benefiting through decision, approval, recommendation, rendering of advice or otherwise, in any particular matter in which a party connected to you has a financial interest: your spouse, minor child, or partner, or any organization or person with whom he or she is negotiating or has an arrangement concerning prospective employment, or has a financial interest. The prohibition also applies to benefiting from a decision, recommendation, advice, etc. with respect to any organization in which you are serving as officer, director, trustee, partner or employee.

If you have a financial connection, directly or through another person or organization, which may be affected by your action or recommendation in providing services to OWCP, you should notify the OWCP Rehabilitation Specialist before taking the action or making the recommendation. The Rehabilitation Specialist will provide direction to you.

Diane B. Svenonius
Director, Division of
Planning, Policy and Standards

Warning and Termination Procedures

The Rehabilitation Counselor Agreement with OWCP (Form OWCP-36) identifies the standards that govern your relationship with OWCP. The RS will document violations of these standards and, depending on the standard, take various disciplinary actions that can include Agreement termination.

If the standard is not marked with a "**" on the Rehabilitation Counselor Agreement (Form OWCP-36) with OWCP, then:

a. Issue a written warning to the RC after the first violation and counsel with the RC on improvement of performance.

b. Issue a written warning after the next violation and advise the RC that he or she will be skipped in the rotation until performance merits return to the rotation. In addition, the RS may close or transfer cases assigned to the RC when in the best interests of the federal government and the injured worker.

c. Issue a decertification letter terminating the RC's working relationship with OWCP after the third violation, then close, transfer, or reassign all cases worked by the RC.

Standards marked with "**" are of very special importance. A violation of any of these standards will result in immediate termination of the RC. The RS will:

a. Issue a decertification letter and request that the RC surrender all reports, data and information, no matter from what source, on each case currently open with the RC.

b. Close, transfer, and otherwise reassign all cases now and advise RC of appeal rights.

Performance that is violation-free for a period of 12 consecutive months cancels any previous warnings that the RS issued to the RC.

Appeal Rights

The RC's reconsideration and appeal rights are explained in the RC Termination Letter. If the RC disagrees with the termination, he or she may first request a reconsideration within 30 days after receiving the termination letter and may present new evidence to the OWCP Regional Director, who will issue a reconsideration decision. If the reconsideration decision is unfavorable, the RC may within thirty (30) days after receiving notice of the reconsideration decision, appeal to the Director, Division of Planning, Policy and Standards, who will issue a decision within 90 days after the appeal is filed based upon the record as it stands.

Option Year Determinations

OWCP generally contracts with individual RCs for one year, with the possibility of four one-year renewals. At the end of the one-year contract, and at the end of each option year, the RS will review the region's needs in each geographic area in the region's jurisdiction and determine whether to extend the contracts of some or all RCs. A decision not to renew some contracts will be based on OWCP's need for services in the area and on the performance of the certified RCs.

REHABILITATION COUNSELOR EVALUATION CRITERIA

These are the criteria by which RCs are measured and evaluated by FEC.

During *placement previous employer* and *planning* stages, the Rehabilitation Counselor:

1. Communicates effectively with the parties: injured worker, previous employer/carrier, Rehabilitation Specialist, Claims Examiner and other parties.

2. Comprehends the level of impairment and vocational needs of the claimant; assesses the effects of these factors on future goals.

3. Prepares and submits a realistic plan based on the transferable skills of the injured worker and the local job market.

4. Produces the plan within the time designated by the Rehabilitation Specialist (or, closes the case as instructed).

5. Applies good problem-solving techniques and offers viable recommendations to the RS throughout the process.

Over the entire active life of the case, the Rehabilitation Counselor:

1. Identifies and provides or coordinates the necessary services promptly.

2. Provides rehabilitation services without overutilization and/or excessive charges.

3. Provides good quality services which significantly influence the rehabilitation outcome.

4. Provides a level of service of sufficient quality that no warning is required.

5. Successfully rehabilitates the injured worker or provides correct wage earning information.

OWCP REHABILITATION PROGRAM REQUIREMENTS

REHABILITATION STATUS	MAXIMUM TIME FRAMES	REQUIREMENTS FOR APPROVAL
Placement, Previous Employer*	25 Hours/3 Months**	Vocational Evaluation
Plan Development	20 hours/3 months	N/A
Placement, New Employer	50 Hours/3 Months	2 Job Titles and DOT #s Estimated salary Reasonable availability and suitability statement Estimated months and hours to complete program Testing Vocational Evaluation
Post-Placement Follow-up	10 hours/2 Months	
Training	At least 1/2 and up to 1-1/2 hours per month	OWCP-16, 18, 24 & 23*** Two job titles and DOT #s Estimated Salary Reasonable availability and suitability statement Estimated months and hours to complete program Testing
Interrupted	As required up to 1-1/2 hours per month	Narrative justification
Medical Rehabilitation	3-6 months	
Self-Employment	18 hours/12 months	Two alternative job titles Testing
Employed Follow-up	10 hours/2 months	
Post-Employment Services	2 years	
Closure		

* Testing is not required for a Placement, New Employer plan when a light duty version of a previous position is the goal.

** In FECA early referral cases, testing and evaluation should begin after one month if the previous employer is unwilling to discuss reemployment.

*** The RC should send the originals of completed forms to the RS with the copy of the monthly report and bill. Copies of forms are not necessary for the package that goes to the Bill Payment section.

U.S. Department of Labor

Employment Standards Administration
Office of Workers' Compensation Programs
Washington, D.C. 20210

File Number:

November 19, 1996 DPPS Notice No.7

NOTICE TO ALL REHABILITATION COUNSELORS PROVIDING SERVICES FOR THE OFFICE OF WORKERS' COMPENSATION PROGRAMS

Subject: Procedures for Occupational Rehabilitation Programs (ORPs)

The Office of Workers' Compensation Programs (OWCP) has developed new procedures for the selection, authorization and reimbursement of Occupational Rehabilitation Programs or ORPs. This term is a new, generic name for work hardening and conditioning programs, which reflects a new emphasis on the early return to work.

Although some users report significant successes using this approach, the lack of standards across programs make it difficult to identify ORPs with positive outcomes and reasonable cost. To encourage the use of effective services, OWCP has developed guidelines for the authorization and reimbursement of occupational rehabilitation services. These guidelines involve:

- the differentiation of these services into two major categories, the Return to Work (RTW-ORP) and the Work Readiness Programs (WR-ORP). In the first category there is an identified job and/or potential employer for the injured worker (IW), and the ORP is structured around the physical requirements of this job. In the second instance a job has not been identified and the program is expected to generally improve the work tolerance of the IW;
- the establishment of standards for the duration and content of these programs;
- the development of an individualized program plan for each IW based on an initial assessment, which includes an initial interview and a Functional Capacity Evaluation (FCE);
- the authorization of appropriate plans by the Rehabilitation Specialist(RS);
- the timely coordination and monitoring of services by the RC assigned to the case;
- the use of facilities that meet basic OWCP requirements in terms of staffing, safety, and the ability to provide emergency medical services;
- the use of unique codes to identify specific ORP services to allow for the efficient processing of bills and the application of the OWCP fee schedule.

The following procedures should be implemented by all RCs providing services to IWs under the Federal Employees Compensation Act (FECA):

1. The RS refers the case to the RC for a screening interview and the scheduling of a Functional Capacity Evaluation (FCE) to determine the type and character of the ORP most suited to the claimant's needs. Claim documentation, a Form OWCP-35A and specific instructions are part of the package. The RS will identify a facility that meets OWCP requirements.

2. The RC performs the claimant interview, if the IW was not in a vocational rehabilitation program previously, and schedules a FCE in the selected facility. He or she transmits all pertinent information (job availability, job description, etc.), communicates timeliness and report requirements, and forwards a copy of the completed authorization form to the facility.

3. Once the FCE is completed, the RC forwards the facility report with his or her own recommendations. The facility report should include a recommended treatment schedule and cost estimates.

4. When the particular program has been authorized by OWCP, the treating physician and employing agency are notified. The RC may also be asked to communicate the authorization to the facility using a completed ORP authorization form. The RC should be familiar with the specific services and corresponding codes approved, as well as with the duration of the approved ORP.

5. The RC continues to act as a liaison with the ORP facility and he or she works with the claimant to ensure attendance and to resolve issues that arise during the ORP which may interfere with the completion of the program. Medical and other issues that could delay or terminate the ORP, such as the appearance of conditions unrelated to work, recurrences, etc. have to be reported immediately to the RS.

6. The RC provides reports as established in the district office, including a brief summary of activities, the progress of the claimant, problems awaiting resolution, and expected completion date. All requests for extension of services or the provision of additional services should be communicated to the RS, who reviews and decisions these items.

7. The RC must notify the RS immediately when a ORP is completed and he or she forwards the final report to the RS as soon as possible. When the ORP is interrupted before completion, the RC notifies the RS immediately, carefully detailing the reason(s) for the interruption. The RC takes further actions in the case in accordance with the RS's instructions.

8. Facilities should submit a single global bill at the end of the ORP on a Form HCFA-1500. The bill should contain all the data elements required to process bills through the OWCP automated bill processing system including: the claimant's name, address, and claim file number; and the provider's name address and EIN. In addition, the facility must include the pertinent OWCP ORP codes with the corresponding units (hours), the amount billed per code (which equals to the unit price multiplied by the number of units or hours), and the total amount of the bill which is the sum of the amounts billed per code.

9. ORP programs are limited to three months or less. A maximum of four (4) RC hours per month are allowed for each month of the program.

Diane B. Svenonius

DIANE B. SVENONIUS
Director, Division of Planning,
Policy and Standards
Office of Workers' Compensation Programs

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